Comprehensive Rural Health Services Project

Ballabgarh

Hospital Manual

Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi, India

2009

Comprehensive Rural Health Services Project
Ballabgarh

A collaborative project
between
AIIMS and Government of Haryana

Hospital Manual

Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi, India
2009

For CHC-CPHE
Project to Dr RN from
Dr CL. Pandav
Prof, Com. Medicine
AIIMS, Delhi
3/11/10

RN
27/10/2010

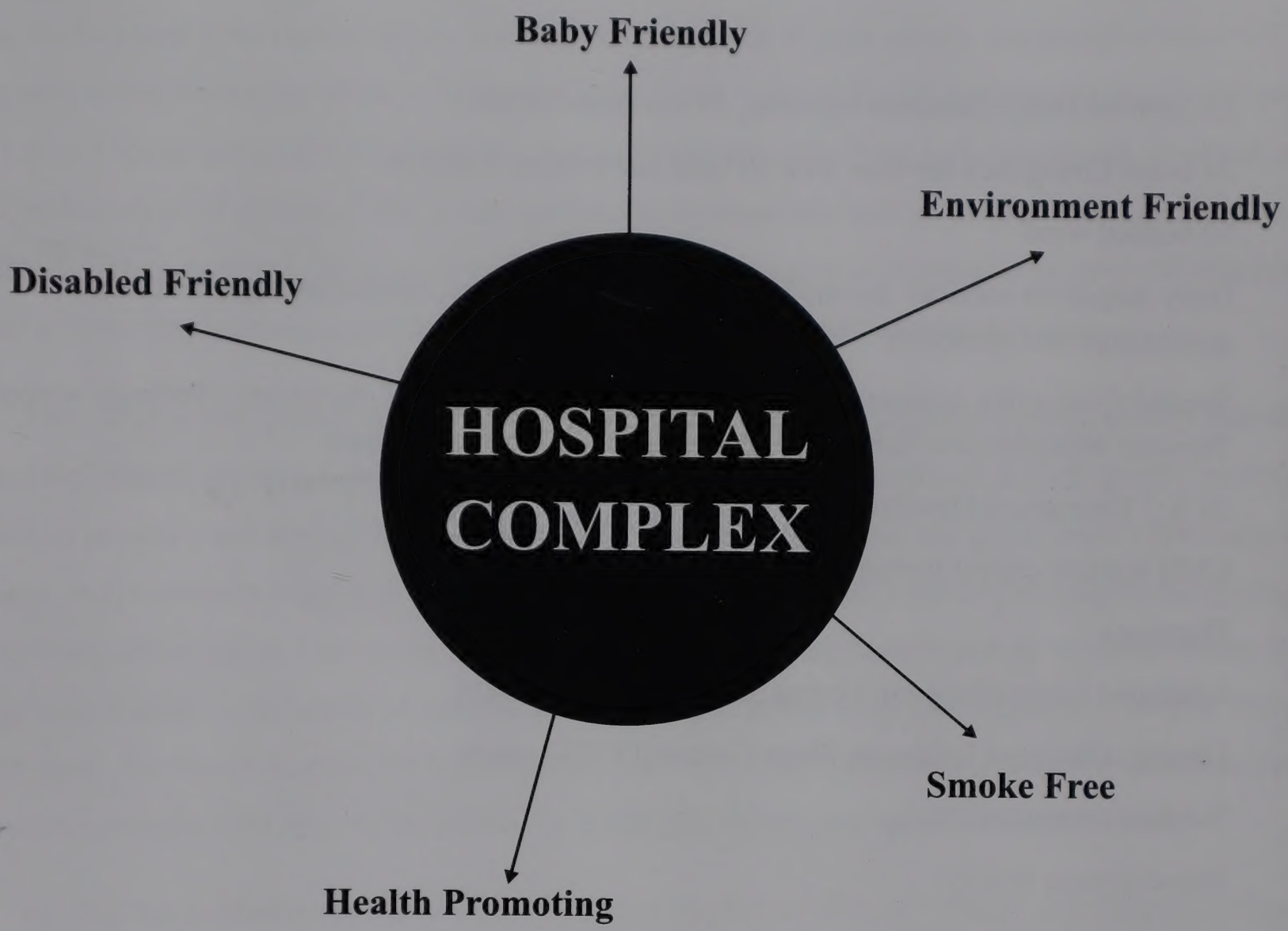
Intended Users

All current and future members of our team who want to know about the functioning of the hospital.

Purpose

It provides basic information which is usable by the reader to provide service to the patients.

WE STRIVE TO BE A



JOIN AND HELP US TO MAKE THIS A REALITY

Comprehensive Rural Health Services Project

at a Glance

Secondary care hospital / First referral unit at Ballabgarh

- Located on Delhi - Mathura highway, 34 km from AIIMS
- 24 hours Emergency services with 10 beds and referral facilities
- 50 bedded ward
- Daily outpatient services for medicine, paediatrics, surgery, ophthalmology, dental and gynecology and obstetrics.
- Special Clinics like Antenatal & Postnatal care for women, ENT, Psychiatry, Pediatric surgery, Physical Medicine and Rehabilitation, Non Communicable Diseases
- 24 X 7 Emergency Obstetric Care
- Child welfare centre/ Immunisation services
- Pharmacy
- Integrated Counselling and Testing services for HIV/AIDS
- Directly Observed Treatment Short-Course (DOTS) centre
- Tobacco Cessation Clinic
- Blood storage facility
- Laboratory facilities including X-ray, Ultrasound
- Operation theatre
- Telemedicine link with AIIMS, New Delhi
- Library with 24 hour internet connection
- Management Information System in operation since 1991
- Residential facilities

Intensive Field Practice Area

- Serves two primary health centres (Chhainsa and Dayalpur)
- 28 villages covering population of 85, 552 in December 2008
- 24 X 7 Obstetric services at PHCs, and Delivery Hut at both PHCs

Preface

In my over fifteen years of time spent at Ballabgarh, I must have briefed numerous students, interns, residents and visitors on how this hospital is run. This aspect is of acute relevance to Ballabgarh as we have rotating doctors here. One can be certain that on first or fifteenth of each month, somebody or other will be joining who would need to be briefed. While each time I told it afresh, the facts remained largely the same. Often I would forget some critical element. It did strike me then that if we had a document, it would save considerable amount of my time. This document has finally found the light of the day. However, I will miss that personal interaction with them, especially trying to inject humour or relating some personal anecdotes. We need to find a way to develop and write manuals with humor!! Suggestions are welcome.

Also, after a long period of "stability" wherein there was some constancy in the faculty members posted at Ballabgarh, we have now entered a phase where there could be repeated shifts in faculty members. We need to preserve our way of working, assuming of course, that these are good ways. Obviously, the guidelines and procedures in place at this hospital have developed over the years and are largely due to people who have long since retired. I would like to thank them by name as my humble gesture to acknowledge their yeoman contribution to the cause of CRHSP and bringing it to this level of excellence - Dr. J.R. Bhatia, Dr. L.M. Nath, Dr. Suresh Kapoor, Dr. V.P. Reddaiah and Dr. J. Lobo. I express my sincere gratitude to them. In due course of time as changes are inevitable, the guidelines will need to be revisited and revised.

Getting this manual made has been a prolonged affair. I must specially thank our residents P. Stalin and Smita Sinha, who along with other residents, have written most of this manual as well as provided the user perspective to it. Faculty Members Dr. Sanjeev Gupta, Dr. Puneet Misra and Dr. Sanjay Rai have provided useful comments to make it a better document. Dr. Chandrakant S. Pandav's encouragement keeps us going. This document would also serve as the first step in our quality improvement and certification efforts for the hospital.

The proof of the pudding, they say, lies in eating it. Providing information is the first step in using it. I do hope that this manual will serve the users well.

Dr. Anand Krishnan

Abbreviations

AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ANC	Antenatal Care
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CCM	Centre for Community Medicine
CHC	Community Health Centre
CMO	Chief Medical Officer
CRHSP	Comprehensive Rural Health Services Project
CSF	Cerebrospinal Fluid
CWC	Child Welfare Centre
DSC	Dispute Settlement Committee
EDD	Expected Date of Delivery
EHS	Employees Health Scheme
ELISA	Enzyme Linked Immunosorbent Assay
ENT	Ear, Nose and Throat
ESR	Erythrocyte Sedimentation Rate
HCG	Human Chorionic Gonadotropin
HCMS	Haryana Civil Medical Services
HDL	High Density Lipoprotein
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICTC	Integrated Counselling and Testing Centre
ICU	Intensive Care Unit
IEC	Information Education Communication
IFPA	Intensive Field Practice Area
JR	Junior Resident

LAMA	Left Against Medical Advice
LDC	Lower Division Clerk
LMP	Last Menstrual Period
LSCS	Lower Segment Caesarean Section
MOTC	Medical Officer Tuberculosis Control
MSSO	Medical Social Service Officer
MTP	Medical Termination of Pregnancy
NCD	Non Communicable Disease
NRHM	National Rural Health Mission
O & G	Obstetrics and Gynaecology
OPD	Out Patient Department
ORS	Oral Rehydration Salts
OT	Operation Theatre
PG	Postgraduate
PHC	Primary Health Centre
PHN	Public Health Nurse
PMR	Physical Medicine and Rehabilitation
RNTCP	Revised National Tuberculosis Control Programme
SC	Scheduled Caste
SGOT	Serum Glutamic Oxaloacetic Transaminase
SGPT	Serum Glutamic Pyruvic Transaminase
SMO	Senior Medical Officer
ST	Scheduled Tribe
TT	Tetanus Toxoid
UDC	Upper Division Clerk
UG	Undergraduate
USG	Ultrasonogram
VDRL	Venereal Disease Reference Laboratory
WHO	World Health Organisation

Important Phone Numbers

Sr. No.	Name	Mobile	Landline
1.	Emergency		2242641
2.	S.M.O.	9810170236, 9268571176	2230094
3.	Dr. Sonia	9010404014	
4.	Ambulance		0120, 2417798
5.	B.K. Hospital, Casualty	9212155102	
6.	Blood Bank, B.K. Hospital		2411881
7.	Main Office		2241362
8.	PHC Dayalpur		2207212
9.	PHC Chhainsa		2209212
10.	Dr. Chandrakant S. Pandav	9869397350	26588522 26593553
11.	Dr. Bir Singh	9868397351	26588333
12.	Dr. Shashi Kant	9868397352	26594908
13.	Dr. Sanjeev Kumar Gupta	9868397353	26594218
14.	Dr. Kiran Goswami	9869397354	26594331
15.	Dr. K. Anand	9868397355	2211227
16.	Dr. Puneet Misra	9869397372	2241362
17.	Dr. Sanjay K. Rai	9869397358	2241362
18.	Dr. Baridalyne N.	9869397356	26593789
19.	Dr. Kusuma Y.S.	9869307359	26593790
20.	Mr. Harpal Singh	9868397380	2241362
21.	Mr. Suresh Kumar	9869397381	2241362
22.	Mr. Prakash Chand (J.E.)	9869397929	
23.	Mr. Balbir	9869397982	
24.	Mr. Mangilal Chaudhary, PHN	9999077294	
25.	Ms. Geeta, PHN	9911260026	
26.	Mr. K. Babu MSSO	9015108097	

Internal Telephone Numbers

Sr. No.	Name	Tel. No.
1.	Mrs. Pushpa (UDC)	101
2.	Dr. K. Anand	109
3.	Dr. Puneet Misra	110
4.	Dr. Sanjay K. Rai	111
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Contents

1. PREAMBLE

The Comprehensive Rural Health Services Project (CRHSP), Ballabgarh, is the result of the Institute's efforts since 1961 to evolve a rural field training area. Wherein training in medical sciences can be conducted along modern lines, consistent with, and in the light of India's long term health services needs.

The All India Institute of Medical Sciences (AIIMS) Act laid the basis of rural training:

"establish and maintain rural and urban health organisations which will form centres for the field training of the medical, dental and nursing students of the Institute as well as for research into community health problems."

Act 25 of 1956 section13, 3b

The involvement of All India Institute of Medical Sciences (AIIMS), New Delhi in the rural areas started in 1960, when the first batch of undergraduate medical students were nearing completion of their four and half years' course of training. It became essential then for the AIIMS to find a suitable community where students could be exposed as part of their internship training, to reasonably well functioning rural health services. Primary Health Centre Ballabgarh, 34 km. from the AIIMS was found suitable and its sub-centre Kurali 12 km from Ballabgarh was selected to make a beginning. It was decided in 1964 in consultation with the Ministry of Health of the Union Government and the Punjab Government to take up the entire area of the Ballabgarh Community Development Block for an experiment in the organisation of comprehensive rural health services.

The official tripartite Memorandum of Understanding between the Punjab Government, the AIIMS and the Rockefeller Foundation was signed in 1965. The essential part of the agreement was a joint declaration of collaboration between the Punjab Government and the AIIMS. In 1965 with the evolution of the Comprehensive Rural Health Services Project (CRHSP) at Ballabgarh, the aim and purposes were clearly enunciated -

1. "To evolve through practice and research a pattern of comprehensive health services which it is assumed, will be desirable and reasonable for a community development block 10 to 15 years hence:
2. To develop an extramural organisation capable of providing interns, postgraduate medical and other health services student's practical experience in comprehensive rural medicine.
3. To provide for continuous evaluation of both the educational activities and health services as they are progressively evolved".

Thus, the CRHSP at Ballabgarh was established to help clarify concepts, evolve organisational techniques, improve training methods and provide a suitable field for much needed epidemiological and operational research. In short, as there did not exist anywhere in India a satisfactory example of

comprehensive health services, the project was to provide a model for such services within the framework of the health services available in the country and develop models for the future.

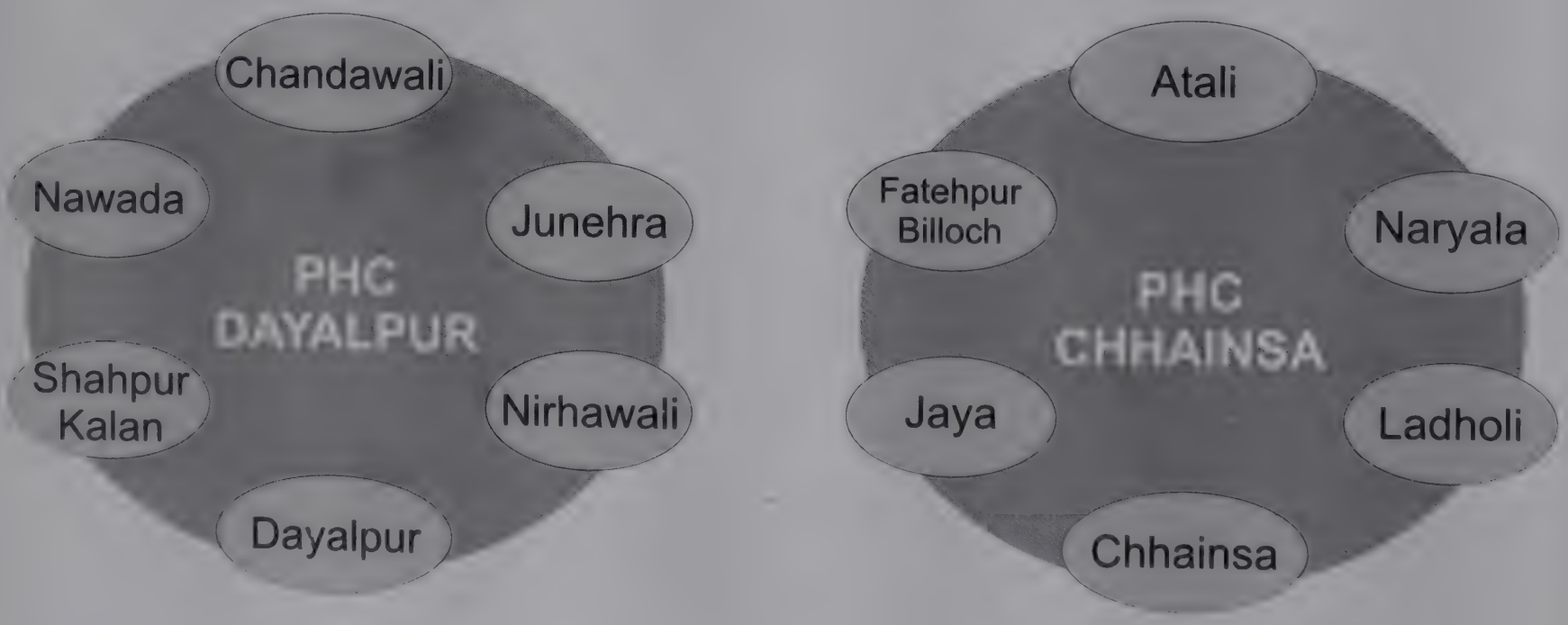
Ballabgarh hospital in 1965 was a Primary Health Centre. It was envisaged that, with the advent of the CRHSP and keeping in mind the objective of setting up an intermediary referral link, it could be transformed into a referral centre. Thus, by September 1967, the Block hospital at Ballabgarh was inaugurated.

2. FIELD PRACTICE AREA

The objective of the project is to demonstrate a model health care delivery system and to train nursing students, under-graduates, interns and post graduate medical students. Under this project there are two Primary Health Centres (PHC) and one secondary level hospital at Ballabgarh. The two PHCs, Dayalpur and Chhainsa are situated 10 and 20-kilometer respectively from Ballabgarh. The area served by these two PHC's are also referred as the Intensive Field Practice area (IFPA) of the project *(see Fig- 2)* which comprises of 28 villages and 12 sub-centers. The Intensive Field Practice Area of the project caters to a population of 85,552 and 11,337 households as on 31st December 2008. Each PHC has 6 sub centers which in turn cover a population ranging from 5,000-8,000 each. A team of male and female health workers provides the health care in the villages under the subcentres. They are in turn supervised by Health Assistants (Male & Female) who are based at PHC headquarters.

Every household in the field practice area is visited once fortnightly by either of the health workers. Relevant health information and vital statistics is collected in addition to delivery of routine health care as per the guidelines of national health programs. All information collected is updated once a month in computerized management information system (MIS) at Ballabgarh Civil hospital, the site headquarters. MIS is used to generate a work-plan for each worker for each subsequent month and is generated using the 17 digit unique number linked to every individual in IFPA. In addition to routine data collection, an annual census is conducted in month of Dec-Jan. to update the records.

Rural Intensive Field Practice Area
PHCs & Sub centres



3. INFRASTRUCTURE/GEOGRAPHY

Allotment of rooms in main building

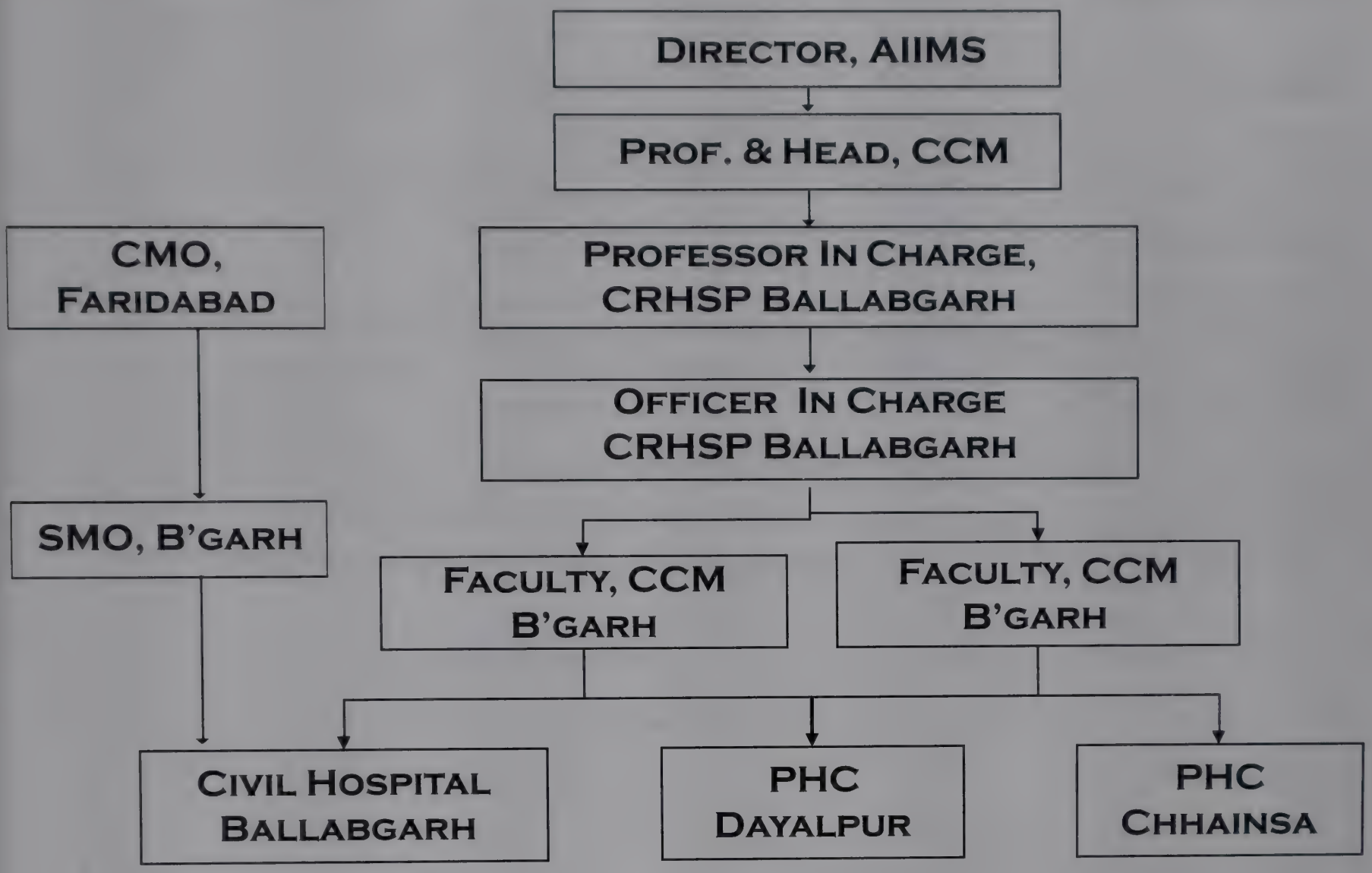
Room No	Purpose
1	Counselling services/ Tobacco cessation clinic
2	Dental OPD
3	Ophthalmology OPD
4	ECG/injection/dressing room
5	Gynaecology OPD
6	Surgery OPD
7	General OPD (CCM resident)
8	General OPD (Interns & JR)
9	General OPD (Interns & JR)
10	General OPD (SR Medicine)
11	General OPD (Faculty/SMO)
12	OPD Sister In Charge room
13	Registration room
14	Dispensary
15	Lab collection room (sputum, urine, stool)
16	M.S.S.O room/Psychiatry OPD
17	ICTC (HIV/AIDS) room
18	X- ray room
19	ENT/PMR OPD
20	Laboratory
21	Casualty Sister In Charge room
22	USG/Audiometer room
23	Cashier room
24	Sanitary inspector room
25	Operation theatre
26	Haryana staff office
27	Statistical unit

Other infrastructure located outside the main building

- Immunisation centre
- Tuberculosis Unit
- Research wing
- Faculty Retiring rooms
- Hostel (Undergraduates/Doctors/nursing)
- Staff quarters
- Guest house
- Junior Engineer's office
- Driver's rest room
- Vehicles shed
- Security room
- Laundry
- Hospital Waste disposal shed

4. ADMINISTRATIVE STRUCTURE

The Comprehensive Rural Health Services Project (CRHSP) Ballabgarh is a joint collaboration between AIIMS and the State Government of Haryana. As per the agreement of 1965, the overall administrative control rests with AIIMS. The administrative organogram of Ballabgarh Project is as follows:



CRHSP Ballabgarh falls under Centre for Community Medicine, AIIMS and the Director AIIMS is the overall head as is the case for all other departments of AIIMS. The Professor & Head, CCM is the overall head of the project. The direct day to day administrative control of CRHSP lies with the Officer in Charge of CRHSP. The Officer-in-charge CRHSP is aided by two faculty members from Centre for Community Medicine who are posted at the Project headquarter. All correspondence to the senior administrative persons follows this hierarchy and is routed as per proper channel.

The administrative control for the staff from Haryana government is with the Senior Medical Officer (SMO), Civil Hospital. SMO is directly responsible for the emergency services to be provided at the Civil hospital. Also SMO is responsible for implementing the national health programmes in the urban and peri-urban catchment area of the Civil Hospital, Ballabgarh.

The overall supervision and administration of nursing staff at Civil Hospital rests with the Senior most nursing sister. She is aided in it by Sister-in-Charge (OT), Sister-in-Charge (Emergency services) and Sister-in-Charge (OPD).

5. SERVICES

a) Emergency (24 * 7 Hours)

Manpower	**Facilities**
Doctors – 9	10 beds
Nursing staffs – 7	Treatment room
Support staff – 5	Waiting room
Morning shift:	Duty doctor room
1 doctor + 2 nursing staffs + 2 support staff	Staff room
Evening/night shifts:	Ambulance
1 doctor + 1 nursing staff + 1 support staff	
Consultation:	
Senior residents of AIIMS	

Fee:

(as directed by the state government)

Medico legal case unaccompanied by police – Rs. 105

Medico legal case accompanied by police – free

Non Medico legal case – Rs. 5

Ambulance Service from Civil Hospital, Ballabgarh

Telephone	:	Toll free number 102 from BSNL line 0129-2417798
Rates	:	Fee of cost for BPL, SC/ST families for Trauma & delivery cases
Other	:	Rs. 10 /Km from home to Hospital (Door to Door) (Rates subject to revision from time to time)

Operational points to remember:

- Emergency is the first point contact of a patient in distress. Our efforts should be to provide quick, efficient and good quality care with empathy.
- Even though, Emergency service is run by Haryana Civil Medical Services doctors (HCMS), it is an integral part of our hospital. Please note that no discrimination in patient care would be tolerated on this ground.
- If duty doctor in emergency (from HCMS) finds any difficulty in managing the patients, Senior Residents (AIIMS) can be called at anytime for their opinion and consultation.
- Senior resident on call duty should attend to these calls without delay.

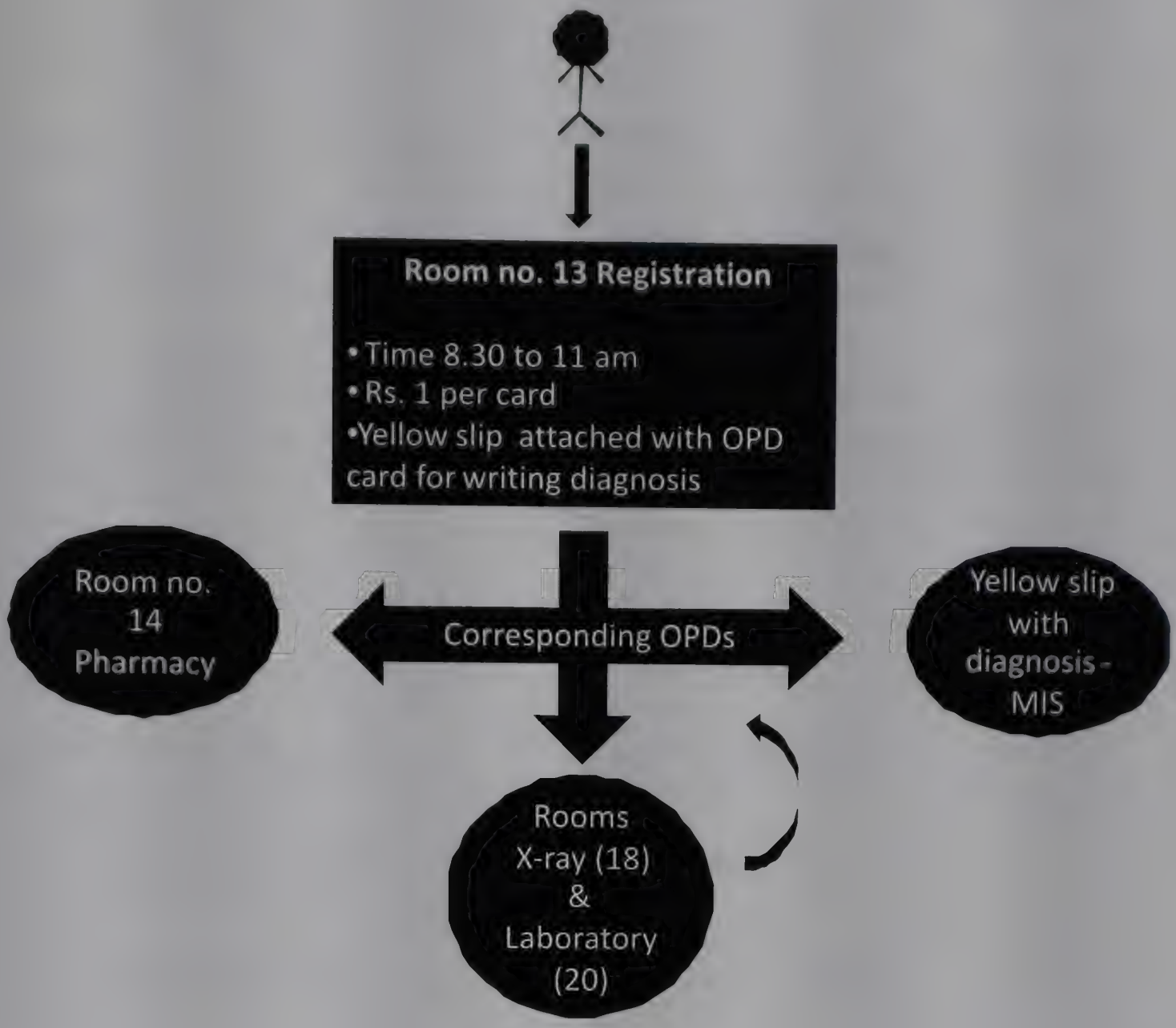
  Emergencies related to antenatal, intranatal and postnatal should be referred immediately to labour room/ward.
- During morning hours, if emergency cases require consultation from senior residents, they should be sent a call to attend the case. Sick patients should not be referred to outpatient department for management.
- All Medico-legal cases are seen only by HCMS doctors. However, in emergency cases, Senior Residents can provide consultation to the doctor on duty. Senior residents should refrain from writing notes or instructions in the case sheets of Medico-legal cases.

b) Morning Outpatient services

Outpatient services are available daily except on Sundays and holidays. The patient load per day is around 500. The OPD services start by 9 am. Duration of OPD is variable but usually lasts till around 12.30. The registration starts at 8.30 AM and finishes by 11 AM. For registration 1Rupee is collected as a user fee

Daily	**Bi weekly**
General medicine General surgery Obstetrics and Gynaecology Paediatrics Dental Ophthalmology	Ear, Nose and Throat (Wednesday/Saturday) Physical Medicine and Rehabilitation (Monday/Thursday) Tobacco cessation clinic (Tuesday/Friday)
Weekly Paediatric surgery (Wednesday) Psychiatry (Wednesday)	

Figure 1: Outpatient services



Operational points to remember:

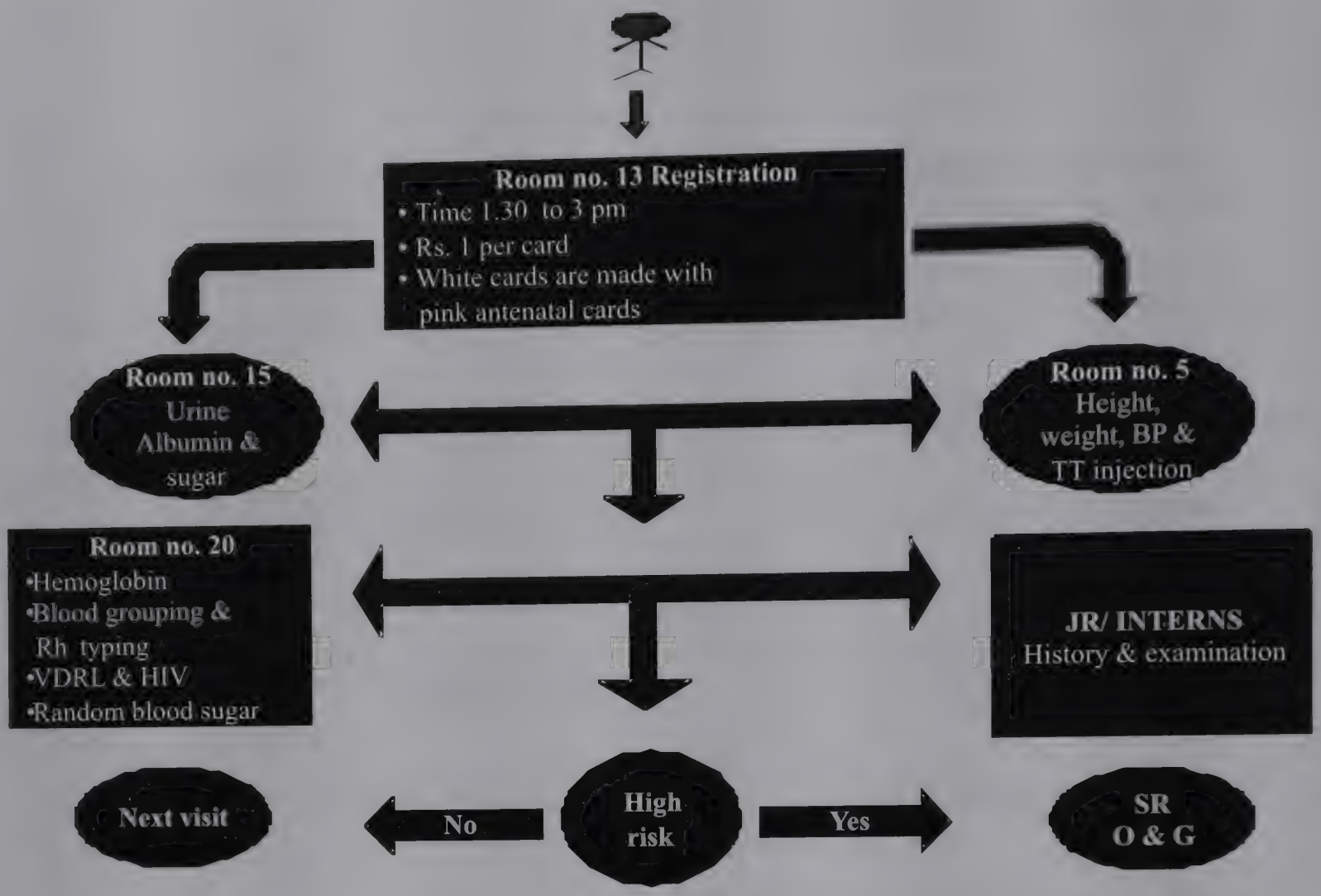
- OPD cards should have relevant history physical findings, diagnosis and treatment entered. Whenever consultations are taken from a Senior Resident, an entry should be made. This is important as it facilitates subsequent follow up by the Senior Resident.
- All doctors should reach on time (by 9 AM) as patients come from far away places. It also ensures that the OPD is over well in time for Afternoon clinics to function.
- Patients referred from Dayalpur/Chhainsa have to be seen by the concerned Senior Resident. If the concerned Senior Resident is not available, they may be referred to Faculty for opinion.
- Admissions in the Ward will be made through the concerned Senior Resident/Faculty only. Interns should not admit patients without consulting seniors.
- NCD Clinic is to be attended by Senior Residents of Medicine and Ophthalmology along with Interns. Being on Thursday afternoon, residents from CCM are usually not available (Journal club at CCM in Delhi) except during May-July and December.

- The list of drugs, available in the OPD is displayed in Room No. 2 and Chhatri. The drugs are issued for 3 days only. The only exceptions are for Iron folic acid tablets, anti epileptics and anti tubercular drugs and drugs prescribed for NCDs through NCD Clinic.
- In order to plan our drug requirements, we need to know the morbidity pattern. For this we have attached a slip (usually yellow), in which we expect you to write the diagnosis. This is torn and kept with us to compile the morbidity record. Please do your part of the duty.
- Senior Residents should inform in advance to the Faculty or Office if they are not able to come.
- Especially Senior Residents of PMR, ENT, Psychiatry, Paediatric Surgery & Ophthalmology should inform in advance if they are not able to come. Accordingly, these patients are informed and no cards are made.
- Interns should take care while suggesting investigations and prescribing drugs. Don't suggest any investigations unnecessarily. Use first line drugs, which we try our best to provide free of cost.

c) Antenatal services

Time	**Place**
Monday, Wednesday and Friday Registration from 1.30 pm to 3 pm Rs. 1 per registration Consultation from 2 pm to 4 pm	Height, Weight, BP, TT – Room no. 5 Urine test – Room no. 15 Blood test – Room no. 20 Consultation - Room no. 6,7,8,9 & 10
Manpower	**Other facilities**
Senior Resident O & G - 1 CCM Junior Resident (as per availability) Interns (as per availability) Public Health Nurse – 2 Staff Nurse – 1 Nursing students (as per availability) OPD attendant – 2	Basic investigations TT injection Iron folic acid tablets ICTC – HIV testing Ultra sonogram abdomen & pelvis Health education

Figure 2: Antenatal services



Operational points to remember:

- Senior Resident O & G will attend ANC on all Wednesdays for new cases and high risk cases.
- On Mondays and Fridays, the S/R will attend at the end to examine patients requiring special care.
- Ensure that LMP, EDD and past obstetric history are accurately assessed and documented during the first visit. Ask leading questions on female children, abortions, stillbirths and child deaths.
- Please advise USG abdomen only if it is required, and not for all pregnant women.
- Ensure that at every visit, blood pressure and weight are taken and recorded.
- Ensure that at every visit, per abdominal examinations are done and findings are recorded.
- Do not prescribe iron folic acid tablets in the first trimester
- Patients are advised to come on next day morning for investigations, as the laboratory cannot take the load of both the morning OPD and afternoon clinic.

d) Ward

Manpower

- Duty doctor
  - Intern/JR
  - 24 * 7 hours
- Morning & Evening Rounds – SR
- On Call duty doctor - SR
- Nursing staff – 14
- Support staff – 4

Morning shift:

1 Duty doctor + 2 nursing staff +
2 support staff

Evening/night shifts:

1 Duty doctor + 1 nursing staff +
2 support staff

Facilities

- Nursing counter
- Male ward – 25 beds
- Female ward – 25 beds
- Cubicle – 1
- Nursery
- EHS ward – 1 bed
- Duty doctor room
- Duty sister room
- Labour room
  - 24 * 7 hours delivery services
- Examination room – 1 table

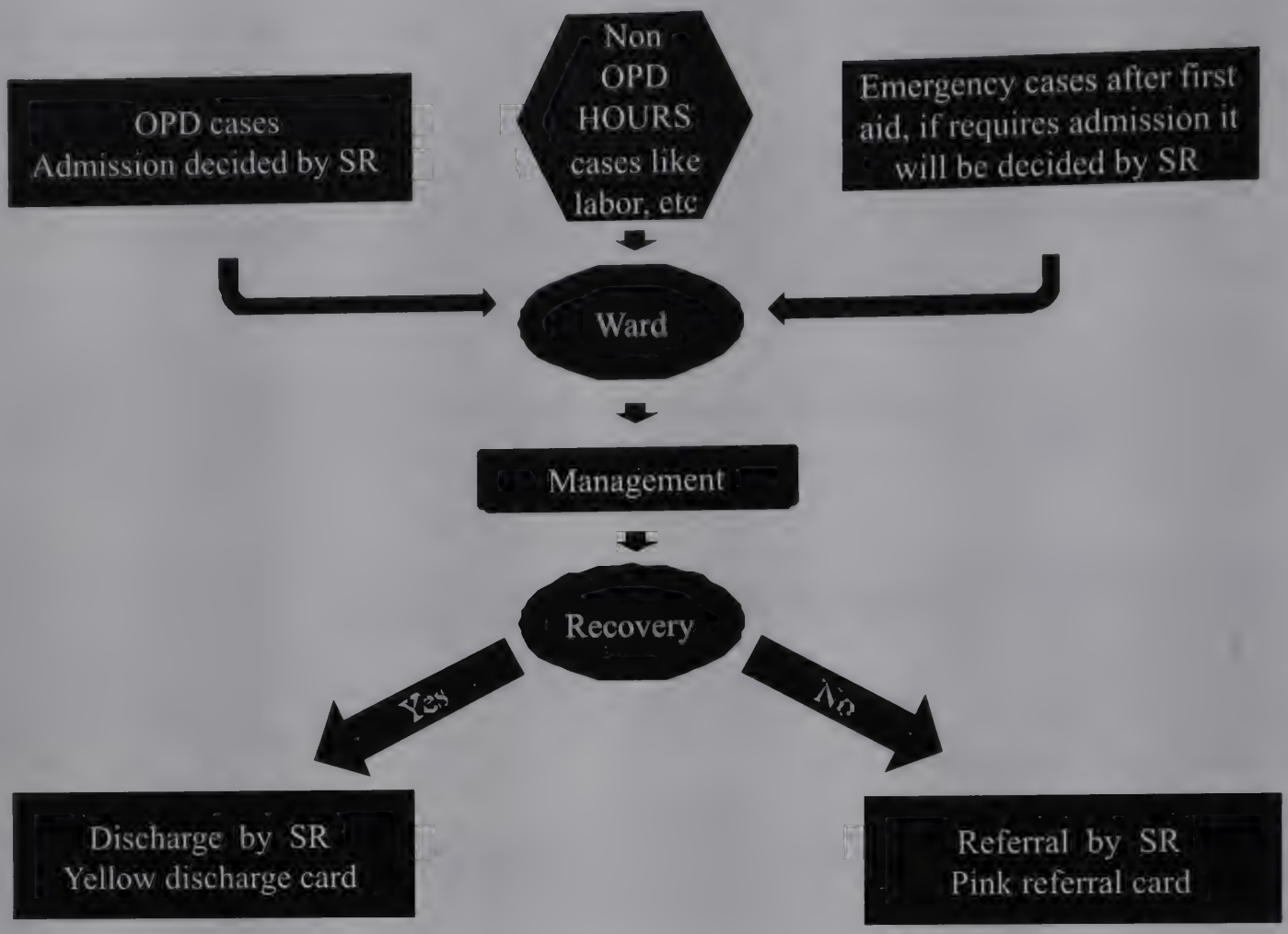
Bed allotment: (This is however flexible)

Gynaecology	F 1 - F 12
Surgery	M 13 - M 18; F 13 - F 15
Medicine	M 7- M 12 ; F 16 - F 18
Paediatrics	M 1- M 6
Ophthalmology	M 19 - M 25
Postoperative	F 19 - F 25
EHS	1

User Fee

- Rs. 3 per admission
- Drugs are provided free for emergency surgery, delivery, cataract and LSCS cases
- For other elective surgeries, patients have to buy the consumables, except BPL patients.

Figure 3: Inpatient services



Operational points to remember

- Please note that no patient should be kept on observation in the ward overnight.
- Patients requiring IV fluids infusion or injectible drugs need to be admitted.
- Cases admitted from the OPD will be worked up by the Intern posted in the specialty.
- Cases admitted from the Emergency Services will be worked up by the doctor on duty.
- No patients will be sent home unless a Senior Resident /Consultant has seen and advised so.
- A doctor's orders book is available in the ward. All entries made should have date, time and signatures. Otherwise they are not valid.
- Duty hours-2 shifts of 12 hours each. The doctor on duty will remain in the ward. This is in the interest of patient care and is a legal necessity. The doctor who does night duty gets the next 24 hours off. The two doctors who do the weekend duty will get Tuesday off.

HAND OVER ALL PATIENTS TO THE DOCTOR STARTING DUTY

MOST IMPORTANT :

SPEND TIME WHILE HANDING OVER SERIOUS PATIENTS

- Death certificates are to be properly filled. The cause of death is the primary diagnosis, and not cardio-respiratory arrest (as per the WHO certification for cause of death)
- Divisions of beds are not rigid. If bed is available in any other speciality, the patient should not be turned away.
- Patients will be transferred from the emergency beds to the speciality bed, as soon as it falls vacant.
- Priority is given to booked ANC cases, patients for family planning surgery, and patients referred from Dayalpur/Chhainsa.
- No patient should be turned away on the reason of lack of bed or because he/she was not registered with us before. Faculty may please be consulted in such cases.
- Maintenance of case sheets – case work up, daily progress notes, pre-operative orders, operation notes, post-operative progress is to be supervised by the Senior Resident concerned.
- The Senior Resident Anaesthesiology will make the necessary entries in the case sheets of operated patients.
- Discharge slips should be countersigned by the Senior Resident concerned.
- A periodic check should be kept to ensure so that orders are being correctly carried out by the Nursing staff.
- All patients requiring general anesthesia should be admitted the day prior to surgery for pre anaesthetic check-up.
- Labour Room is under the direct supervision of the Senior Resident O & G. Any short-comings should be brought to the attention of the Sister-in-charge Ward who will in turn keep posted Senior Resident O & G.
- Similarly Neonatal ICU is to be supervised by S/R Pediatrics.
- The two emergency trays – one in the ward and the other in the labour room plus the ambu bag should be checked regularly by all Senior Residents. Register is to be maintained which includes the date, time, name of Senior Resident, contact number and signature. Faculty member from CCM should countersign the register at least once in a month.
- The resuscitation equipment in the Ward, Casualty & Operation theatre will be checked once a week by the SR Anaesthesiology. Register is to be maintained which includes the date, time, Name of Senior Resident, contact number and signature.
- The Paediatric laryngoscope is handed over to the Senior Resident Paediatrics.
- Senior Residents O & G/Surgery/Ophthalmology should fix the timing for dressing and stitch removal of ward patients. The Nursing staff will help them in this work.

- List of drugs available in the Ward is displayed. Certain drugs are to be replaced by the patients.
- All ante-natal cases on admission are to buy certain materials – list is given to them. Some of this is retained for use in the Ward and the rest is handed over to the patient.
- All deliveries should be conducted by doctors on duty. Nursing staff and students are only there to support him/her. NO DELIVERY CASE SHOULD BE REFERRED UNLESS SEEN BY SENIOR RESIDENT.

  All women delivering in the hospital are given breast feeding counselling in the afternoon in the ward.
- As a policy, all patient's discharge from the hospital ward may be made at 4 PM only. This may be communicated to the patient/ relatives well in advance.
- Children who are delivered in the hospital should be immunized for BCG and polio by the concerned staff in the ward itself.
- As per guidelines of National Rural Health Mission, women delivering in hospitals are accompanied by Accredited Social Health Activist. They get paid for this service based on certificate issued by the hospital. Please document it in the case sheet or in any other way that is appropriate.
- Unnecessary referral of patients, especially for obstetric cases should be avoided.

e) Operative services

Day Distribution	**Manpower**
Monday Cataract Surgery Tuesday & Thursday Obstetrics & Gynaecology Wednesday Paediatrics Surgery Friday General surgery Saturday Depends on surgeon on weekend duty All days MTP & Ligation Anytime Emergency (O & G)	Senior Resident Anaesthesia Operating Senior Resident of Concerned Department O T Assistant Nursing Staff - 3 Support Staff - 2

Common surgeries being done are :

- Elective LSCS, Total abdominal/Vaginal Hysterectomy, Tubal ligation, MTP
- Cholecystectomy, Hernia repair, Hydrocele, Thyroidectomy
- Circumcision, Umbilical Hernia, etc

Operational points to remember

Elective surgery

- Operation Theatre (OT) list will be made daily. It will be signed by the Senior Resident of the speciality and the Senior Resident Anaesthesiology. The latter will indicate the order of the list. It will be sent to the office, preferably a day in advance for Faculty's signature. The register is available with the O.T. Sister.
- The patients are required to buy all the material necessary for elective surgery and post-operative period. The list of drugs will be made by the Sr. Resident who will also ensure that all the material is brought before surgery. Use hospital stationery for this list. Whenever reimbursement is claimed, these notes need to be submitted and should have senior resident's signature.
- Patient has a right to see that the items bought by him/her are used only for that patient. Leftovers should be handed back to them or can be used in other patients with their permission. The responsibility of these items rests with Sister-in-charge ward or OT depending upon from where the list was given.

Emergency Surgery

- Nursing and other support staff are available for Emergency and should be fully utilized.
- No Caesarean surgery case should be referred outside because of non-availability of doctors or other staff without permission from Faculty.
- At the time of admission of a patient requiring Emergency care (even if it is at night), the hospital will provide whatever consumables are necessary. Subsequently, the patient will be treated in the same manner as are admitted for elective surgery.
- Life saving drugs, if used from the hospital for emergency surgery, will be replaced by the patient.
- Histopathology samples should be properly preserved and the forms should be completely filled.

Fine Needle Aspiration Cytology (FNAC) services are provided in collaboration with the Department of Pathology at AIIMS, New Delhi. The samples are sent in formalin bottles once a week. Reports collected in the subsequent week. Ensure that patients details are fully entered in the form. Rs. 10 are charged for it.

f) Laboratory services

All investigations are done every day except for lipid profile which is done only on Friday. All the results will be available on the next working day.

Manpower	**Equipments**
Lab technicians – 2 (AIIMS/Haryana) Lab Attendant – 1 (Adhoc Basis) Support workers – 2	• Fully automatic analyser for biochemistry • Hematology cell counter BC 2000 • Flame photometer • Blood storage cabinet - capacity 50 – 60 bags • Ice Lined Refrigerator • Minus 20 degree Celsius Deep Freezer • Incubator • Hot air oven • Centrifuge machine • Microscopes – 2

Free investigations available are :

Blood Haemoglobin Total Leukocyte Count (TLC) Differential Leukocyte Count (DLC) Erythrocyte Sedimentation Rate (ESR) Peripheral blood smear for malaria parasite	**Urine** Albumin Sugar Microscopy for cells Bile salt & pigments Urobilinogen
Stool Ova Cyst	**Semen** Volume Viscosity Sperm count
Cerebro Spinal Fluid (CSF) Appearance Cells Proteins Sugar	**Others** Mantoux test Gram staining AFB staining HIV - ELISA test

Charges for Investigations: (As on 1st October 2009)

S. no	Investigations	Cost (Rs)
1	Blood sugar	15
2	Serum Uric acid	15
3	Serum cholesterol	15
4	Serum triglycerides	20
5	High Density Lipoprotein (HDL)	20
6	Blood urea	15
7	Serum creatinine	15
8	Electrolytes Na & K	40
9	Serum total protein	15
10	Serum total bilirubin	15
11	SGOT	15
12	SGPT	15
13	Serum Alkaline phosphatase	15
14	Blood group & type	15
15	Widal test	15
16	VDRL	15
17	Rheumatoid factor	15
18	Pregnancy test (HCG)	25

Operational points to remember:

- Patients to be sent to room no.15 for sample collection if it is sputum, urine or stool.
- Blood samples are collected in the laboratory only.
- Reports will be available from Room no.20 next working day.
- Advice investigations only when needed. Otherwise the system becomes overloaded and this compromises quality of testing.

Other Services

Family planning Copper T insertion* Condoms* MALA-D*(oral pills) Tubal ligation# *These services available daily at Room no. 5 # Tubal ligation – daily	**Incentives** Tubal ligation: • Beneficiaries - Rs.298 (SC,ST – Rs.600) • Motivator – Rs.100 • Available on the same day or during suture removal
Non Communicable Disease clinic Every Thursday Registration: 1.30 pm to 3 pm Consultation: 2 pm to 4 pm Staff: SR Medicine, JR CCM & Interns PHN – Counselling Diabetes, Hypertension etc Protocol: Standard guidelines (see appendix V)	**Immunisation*** BCG – Daily OPV – Daily DPT – Daily Measles – Daily Vitamin A – Daily * As per National Immunisation Schedule, see appendix II

6. TUBERCULOSIS UNIT

Under Revised National Tuberculosis Control Programme (RNTCP), there are Tuberculosis Unit (TU), Designated Microscopic Centre (DMC) and DOTS centre in the hospital.

- TU comprises of the following persons
  - Medical Officer – TB Control (MO-TC) - 1
  - Senior Treatment Supervisor (STS) - 1
  - Senior Tuberculosis Laboratory Supervisor (STLS) - 1

Note: Standard RNTCP guidelines, please see Appendix I

Operational points to remember:

- All cases with > 2 weeks of cough should be referred for sputum AFB. For sputum collection refer to room no. 15
- First sputum specimen is collected on the spot.
- Two specimens should be given on two consecutive days.
- Results will be available on third day.
- Mantoux test is advisable only for children.
- If results are suggestive of tuberculosis, refer the patients to DOTS centre.
- Don't prescribe fluoroquinolones for patients with cough > 2 weeks (This will convert sputum positive to negative and also promotes drug resistance)
- No need to advise X-ray on first visit. Follow RNTCP guidelines. (see Appendix I)

7. SOCIAL WELFARE AND COUNSELLING SERVICES

Social Welfare Services

Fee Exemption:

It has been decided to waive hospital fee (admission, investigations) etc. for following groups of individuals

1) Below Poverty Line (on display of a BPL card)
2) All elderly above 65 years (as per OPD card)
3) Severely mentally and physically challenged individuals
4) People with NRHM health insurance card

Sister in charge of OPD, ward, X-ray and laboratory can verify and sign. These cases do not require faculty signature. Any misuse of this facility by these will attract severe punishment.

All other cases requiring waiver will continue to be at the discretion of Faculty members/SMO after screening/socio economic assessment by Medical Social Service Officer (MSSO).

Employees Health Scheme (EHS)

Employees are given EHS book for every family member. They should get their OPD cards. After consultation by concerned SRs, drugs should be written in OPD cards, EHS book and slip. It should be countersigned by Faculty before getting the drugs. Then they can get their drugs from the store. If drugs are not available, they can buy it from outside. Money would be reimbursed as per AIIMS rules with their salary after following the due procedure.

Integrated Counselling and Testing Centre (ICTC)

ICTC was started in the hospital in 2009.

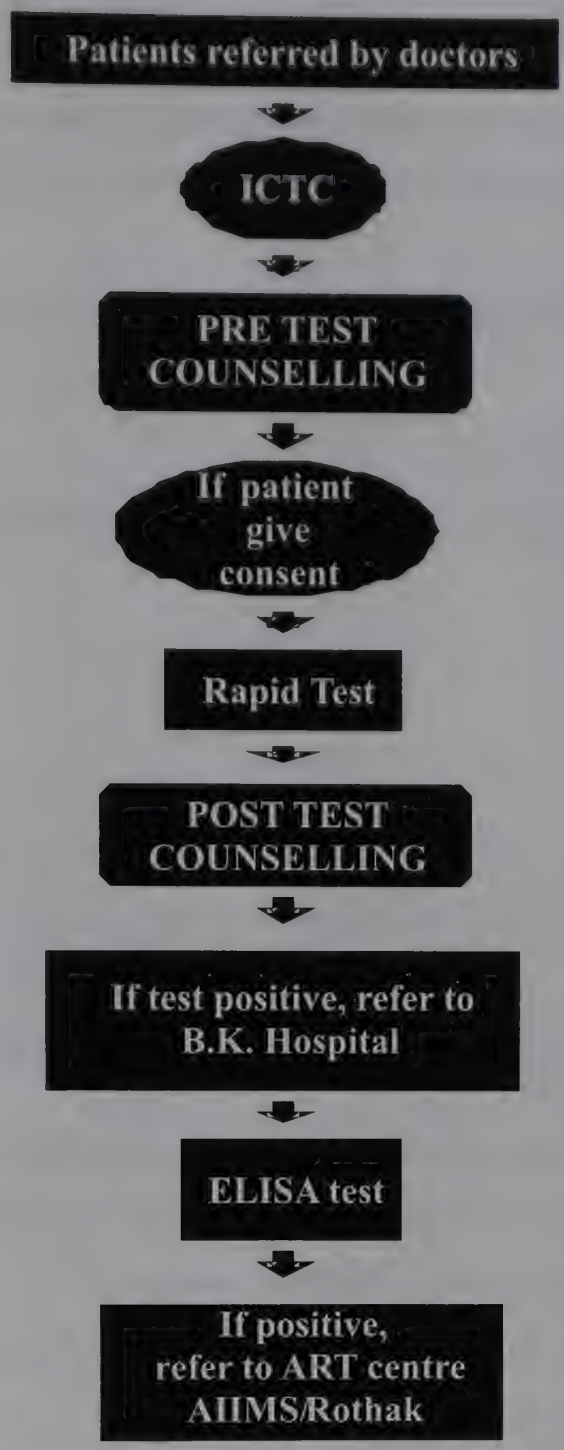
Manpower:

Counsellor – 1

Lab technician – 1

The functioning of the ICTC is depicted in Figure 4.

Figure 4: ICTC services



Tobacco Cessation Clinic

This has been started from June 2009 with assistance from Ministry of Health and Family Welfare as a part of the Government of India and WHO India collaborative program.

It is run in the Room No 1 of the Out Patient Department on every Tuesday. The persons who wish to quit are identified from the outpatients while some are directly referred through outreach services. Group counselling, individual counselling, treatment and awareness programs in schools, colleges and urban and rural areas are also conducted.

Full records are maintained for each patient.

8. REFERRAL GUIDELINES

Referral from Primary Health Centre (PHC) to Comprehensive Rural Health Services Project (CRHSP)

As already mentioned, there are two Primary Health Centres under CRHSP. From these primary health centres, cases are frequently referred to the civil hospital. Patients could also be referred by our health workers directly from the field.

There are certain guidelines to be followed in order

- to regulate these referrals
- to avoid inconvenience to the patients

Referral slips are distributed to the primary health centres and sub centres.

Details to be filled in referral slips

- Symptoms
- Signs
- Investigations done
- Probable diagnosis
- Treatment given
- Reasons for referral and date/time of referral.

Hospital to which the patients are being referred should also be mentioned in the referral slip.

It should be signed by the individual (doctors/health workers) who is referring. In case of PHC, it should be countersigned by PHC Medical officer in charge.

To ensure that the patients are attended by the doctors in Civil hospital.

Following individuals are given responsibility.

General OPD	Medical Social Service Officer (MSSO)
Pediatrics OPD	Health Educator/ Male Public Health Nurse (HE/MPHN)
ANC clinic	Female Public Health Nurse (FPHN)
Emergency (night)	Male Public Health Nurse (MPHN)

Their contact mobile numbers are available in the primary health centres and sub centres. They are informed before the patients reach the hospital.

Referral from Ballabgarh to AIIMS/Badshah Khan Hospital

Civil Hospital is a secondary care hospital. There is always need for referral of complicated cases to tertiary centres. Same referral slips are used here also. Referral slips are available in the casualty, wards and outpatient department.

Before referral, it should countersigned by corresponding Senior Residents or Faculty member.

Transport facilities:

There are paid transport facilities available in the hospital for referral to AIIMS, New Delhi (Rs.500); and B.K. Hospital (Rs.200).

Operational points to remember:

- Ensure that all details are filled in the referral slip.
- It is mandatory to get it countersigned by Senior Resident before referring.
- Details of referral should be written in referral register like date, time, diagnosis, reason for referral and the referral hospital name.
- It is advisable to talk to the Senior Resident of the concerned speciality in AIIMS Emergency Services before referring the patient.

9. ACADEMIC ACTIVITIES

9.1 Undergraduates Posting

Learning Objectives of posting:

At the end of the posting the student should be able to

- explain the models of health care delivery in the country, especially rural areas and how various National Health Programmes are implemented through them.
- apply epidemiological skills to conduct a study and to critically evaluate a published work.
- apply the concepts and principles of Community Health to an identified health condition in order to understand the problem and plan and execute an intervention for its alleviation.
- demonstrate appropriate clinical skills for management of common morbidities at secondary level.
- manage a patient within the context of his/her family.

Activities:

In order to achieve the above objectives, following activities will be carried out

1. Field Visits to different levels/ types of health facilities.
2. Epidemiological Exercise.(Eex)
3. Critique of a published work.
4. Orienting Undergraduates to Community Health. (OUCH)
5. Domiciliary visits of patients.
6. Ward/ OPD Postings.

9.2 Interns Posting

Interns are posted for three months to Ballabgarh. This is divided equally into one and half months each at Ballabagrh and one of the PHCs. They work under supervision of Senior Residents and learn application of basic clinical skills. During the PHC posting, they also enquire into the different facets of the health care delivery to the villagers and make a presentation to the faculty at the end of the PHC posting.

9.3 Postgraduates Posting

Skills to be developed during Ballabgarh Posting

1. Basic Analytical skills (Epidemiology/ Biostatistics)
2. Management and Administration Skills (running a PHC)
3. Leadership/ communication/teaching skills

List of teaching activities for Postgraduates during their Ballabgarh posting:

1. Three workshop: one in every semester:
    a. Epidemiology and research methods
    b. Health management and administration
    c. Communication and pedagogy.
2. Sub-centre evaluation - one
3. MIS based exercise - one
4. Hospital based exercise - one
5. Case Presentation – once a month at Ballabgarh
6. Family presentation - once a month at PHC
7. Disease review/ disease epidemiology – one per semester
8. Community based qualitative study (POUCH) – one per batch per year
9. Paper writing based on an allotted data set. – one
10. Two week posting at District hospital - once

9.4 Nurses (BSc & PC)

- B Sc nursing students and post certificate students have one and half months residential posting in CRHSP.
- One month in Ballabgarh civil hospital and two weeks in PHC Dayalpur.
- They are posted in ANC Clinic and Pediatrics OPD.
- They do ward duty in shifts.
- They conduct health talks in OPD & ward.
- Faculty from College of Nursing, AIIMS come regularly to Ballabgarh for supervising their learning.

10. LIBRARY

Library was established in 1985 in Ballabgarh for the benefit of undergraduates, postgraduates, nursing students, Faculty members and others. The library users have to enter their name, designation, date and purpose of visit in the register kept at the entrance of the library.

Working hours:

- All working days from 9.30 am to 5 pm.

Manpower:

- Librarian - 1
- Attendant - 1

Facilities:

- There are around 900 books in the library.
- Books on Research Methods, Statistics, Economics, Public Health, Medicine, Surgery, Paediatrics, Anatomy, Physiology and most of the W.H.O. books are available.
- The library subscribes to 14 journals.
- Reading room is air-conditioned.It is accessible for 24 hrs.
- There are 3 computers, out of which one has internet facility.
- Photocopy facilities are also available in the library. Readers can use this facility to take photocopies of the articles at a minimal cost.

How to get books and journals?

They are issued against B.B.Diksit Library cards or against AIIMS Identity cards.

Yellow cards - Journals

Red cards - Books

When to return the books and journals?

Journals are issued for a period of 2 days, and books for 2 weeks.

Weekly: Lancet Weekly Epidemiological Record	**Monthly:** Bulletin of the World Health Organization Indian Journal of Medical Research Indian Journal of Pediatrics Indian Pediatrics Journal of Epidemiology and Community Health
Bi-monthly The National Medical Journal of India.	**Quarterly:** Indian Journal of Community Medicine Indian Journal of Public Health Journal of Tropical Paediatrics Journal of Water and Health Tropical Doctor W.H.O. Drug Information

11. HEALTH EDUCATION

Manpower

Doctor & Nurses – As per availability

Health Educator – 1

Public Health Nurse – 2

Medical Social Service Officer – 1

OPD	Health Education Day
General	Wed/Thurs/Fri/Saturday
Pediatrics	Daily
ANC	Mon/Wed/Friday
NCD	Thursday
Ward	Daily

Materials and methods

- Health talks
- Short film shows
- Poster
- Pamphlets
- Flip charts
- Demonstration (Yoga)

In General OPD, health talks are given regarding all health related topics like tuberculosis, general hygiene etc

In the clinic for Non-communicable diseases, yoga demonstration is shown on TV.

Yoga teacher also make visits and demonstrates 'yogasana' to the patients.

In Pediatrics OPD, health talks are given daily for 20 minutes to mothers regarding breast feeding, weaning, immunization, family planning and diseases like pneumonia, diarrhoea etc.

On Monday and Tuesday, short educational films are shown from 9 am – 1 pm regarding breast feeding, vitamin A deficiency, tuberculosis, female foeticide, etc

In Antenatal Clinic, documentary films on antenatal care, importance of hospital delivery, postnatal care, breast feeding, weaning, family planning, etc are shown.

For inpatients, especially for delivery cases, individual counselling is being done regarding breast feeding, kangaroo mother care, etc.

Apart from ward staff, nursing students, undergraduates, Interns and post graduates also give health talks to the patients of outpatient department, Child Welfare Centre and ward.

Remember, education is everyone's responsibility. Apart from health services provided by the hospital, it is important for a doctor to have a good communication and counselling skills for solving patient's problems and get their confidence over the system. Good counselling need not take a lot of time. Respect, attention to each client's concerns, and sometimes just a few more minutes make the difference.

What is counselling?

Counselling is one person helping another as they talk person-to-person. When you help a client make a decision or solve a problem, you are counselling.

Through counselling, you help clients make choices that suit them. For example, some clients are choosing family planning methods. All these clients can make better decisions with your help.Everyone can learn good counselling. You counsel clients well when you:

- Show that you understand and care about them. Build Trust.
- Give clients useful, accurate information. Help them understand what this information means to them.
- Help clients to make their own choices, based on clear information and their own feelings, situation, and needs.
- Help them remember what to do.

Counselling often has 6 elements, or steps. Each letter in the word GATHER stands for one of these elements. Good counselling is more than covering the GATHER elements, however. A good counsellor also understands the client's feelings and needs. With this understanding, the counsellor adapts counselling to suit each client.

G — Greet
A — Ask
T — Tell
H — Help
E — Explain
R — Return

12. HOSPITAL INFORMATION SYSTEM

There is a separate room for HIS with one computer.

The Statistical Assistant is in charge of preparing monthly monitoring report of the hospital and morbidity report of patients from OPD, ward and emergency.

Details obtained for monthly monitoring and morbidity report from each facility are :

OPD Number of New & Old cases

- Number of immunisation(CWC)
- CR. No.
- Date
- Age
- Sex
- Diagnosis

Emergency

- Number of cases treated
- CR.No
- Age
- Sex
- Diagnosis
- Medico legal case

Ward Number of admissions (New & old)

- CR. No.
- Age
- Sex
- Diagnosis
- Specialty
- Date of admission
- Date of discharge
- Outcome (recovery, improve, refer, LAMA, etc)
- Admission via OPD, emergency, newborn
- Length of stay (Remarks)
- Number of births
- Sex of newborn
- Normal delivery/ LSCS
- Number of deaths
- Number of blood transfusion given

Laboratory including X-ray & USG **Number of investigations done** • Routine • Special • Malaria slides • X-ray • USG • Sputum AFB	**Operation theatre** • Number of Anaesthesia given • General Anaesthesia • Spinal Anaesthesia • Any other Anaesthesia • Number of Operations Conducted • Major • Major

Based on the details collected from various departments, monthly report of monitoring (see appendix IV) of hospital are prepared. Three copies are made. Two copies are sent to the district hospital and one copy is retained with us at medical Record section.

Morbidity recording protocol

The following persons are designated the responsibility with regard to recording of morbidities for inpatients, outpatients and emergency patients

Overall supervision: SR CCM

Annual analysis: JR CCM

Site	Supervision	Recording in	Data entry	Reporting
Emergency	Sister in Charge	Doctor on duty	MPW(F)(Haryana) (coding to be done by data entry operator, MIS)	Statistical Assistant
Ward	Sister in Charge	OPD attendant	Statistical Assistant	Statistical Assistant
Main OPD	M.S.S.O	1. Pharmacist 2. Registration	Statistical Assistant	Statistical Assistant
CWC	P.H.N	Registration clerk	Statistical Assistant	Statistical Assistant

Persons supervising the respective OPDs/ ward to ensure that all the new interns, SRs, and JRs are briefe about the protocol of recording of morbidities in the OPD. They shall circulate the written notice to this effec to every newly posted doctor and get this noted by him and maintain the record of same.

M.S.S.O shall also ensure that the Doctors of Ophthalmology, Dental, ENT, PMR and Psychiatry also follow the same protocol.

The data entry of respective morbidity recordings to be done by concerned person on monthly basis. SR CCM Ballabgarh will conduct monthly review meeting.

The statistical assistant has to submit quarterly morbidity recording progress, and summary report using separate formats (see appendix IV).

13. STORES & INVENTORY

All procurement is done as per AIIMS, New Delhi guidelines. Wherever possible, we purchase from AIIMS rate contracts or from Director General Supplies and Disposal rates. Otherwise rate enquiries (below rupees 2 lakhs) and tender procedure (above rupees 2 lakhs) is followed. The list of drugs and consumables is more or less fixed, and is ordered accordingly. See appendix III for list of drugs and items available.

For emergency purchases and repairs of machines or vehicles we take advances from our allocated funds.

General Imprest is almost exclusively used for Diesel for vehicles. We also have a separate imprest for telephone bills and diesel for generators at Ballabgarh, Chhainsa and Dayalpur. All items are delivered at the store, inspected for quality and quantity, accepted and entered into the register. These are then subsequently transferred to the department concerned against an indent. Non consumable items are separately indented.

All major equipments are under Annual maintenance contract.

The physical verification of the items are done once a year.

The condemnation of linen is usually done locally with permission from AIIMS. For other nonconsumable items, we need to get certification done and the list is submitted to AIIMS condemnation committee for approval. Once condemned, these can be budgeted for in the next years funds.

There is also a store from Haryana Government side which gets items through the District health system. This includes many drugs and supplies, vaccines etc.

Manpower

Pharmacist/store keeper	-1
Upper Divisional Clerk (UDC)	-1
Support staff	-1

Main responsibilities of Store Keeper

- Items should be in easily visible and accessible place
- Maintain neatness and cleanliness
- Efficient and effective inventory control
- Ensure materials issued against authorized requisition only
- Update the records of materials received, issued and in balance
- Ensure safety and security
- Accountable for any variation in quantities of stock

Main responsibilities of Upper Divisional Clerk (U.D.C)

- Helps in all typing and paper works related to store
- Maintenance of Supply orders & inspection register
- Maintenance of budgetary account

- **CCM Faculty signs store keeper / UDC Registers at least once a month.**

14. HOSTEL

Junior Residents of Community Medicine, Senior Residents of concerned disciplines like Medicine, Surgery, Pediatrics, Obstetrics and Gynaecology, Anaesthesia, undergraduates and interns and nursing students have their residential posting in Ballabgarh. There are hostel facilities to accommodate them. All hostel rooms are furnished.

a) New Hostel: - Residents Hostel

It has 12 rooms	
SR	7
Acad JR	2
Foreign students/ DM Neonatology	2
Guest room	1

b) UG Hostel: The oldest hostel building

- 8 furnished rooms with attached toilet and bathroom.
- 6 rooms with double occupancy
- 2 rooms with triple occupancy
- This can accommodate 18 persons
- Reserved for undergraduates/students

c) Interns and Nurses hostel

Distribution of 8 flats (Each flat has three rooms)	
Office of Deputy Superintendent of hostels with hostel store	1
Interns	3
Nursing students	2
Non Acad JR & Acad JR(if needed)	2

Mess:

There are separate dining facilities for doctors and nursing student. In doctor's mess, there are two cooks (1 regular, 1 Temporary Status), two part time workers.

Items required for cooking are purchased and shared by doctors. These accounts are maintained by doctor in charge. Nurse's mess is run by the nurses themselves. There is one cook (daily wages) for this mess. All the rooms in the hostel are provided with air cooler. There is one common television in the mess. For recreation, items are provided from students Gymkhana at AIIMS. There are carrom boards for indoor while necessary equipment is provided for outdoor volley ball and badminton.

15. TRANSPORT FACILITIES

- Daily except on Tuesday and Sunday, vehicle comes from AIIMS, New Delhi to Ballabgarh and vice versa. All the JRs, SRs, Interns and staff can utilize this facility to reach Ballabgarh.
- The vehicle is to bring doctors for duty to Ballabgarh. It is not mandatory to provide vehicle for other category of staff or for doctors who are supposed to be residential in Ballabgarh.
- Two vehicles are primarily intended for PHCs and other field work. One of these is stationed at PHC Dayalpur.
- Once a week, store vehicle goes to AIIMS for filling of gas cylinders, transporting drugs and fluids, etc.
- All the expenses for diesel, maintenance are spent from general imprest.
- Drivers maintain a log book regarding their trips details, and get each trip countersigned by the Officer who undertook or authorized the travel.
- Once a month, the log book is verified by the faculty who is in charge for vehicles and the mileage calculated.
- Lot of fuel can be saved by planning the movement of the vehicle in advance, and by aligning the vehicle movement with the work requirement.
- Telephone number of AIIMS Garage: 011-26593402

Parking Facility for patients / relatives

- A facility for parking of vehicles is present near the entrance gate. This is given on an annual contract basis to the highest bidder.
- The rates are Rs. 2 for cycle, Rs. 5 for two wheelers and Rs. 10 for four wheelers for a day.

16. MONITORING AND SUPERVISION ACTIVITIES

1. Friday Morning Meeting

Every Friday at 10 AM, a meeting is held in Officer-in-charge's room to discuss operational issues in running of the hospital. This is attended by all Sister-in-charges of ward, OT, emergency and OPD as well as store keeper. All issues related to functioning of the hospital are discussed. All staff and doctors can point out any problem in advance so that this can be discussed in the meeting.

2. Grievance Redressal mechanism

In order to deal with cases of inter-personal disputes involving staff and patients. Dispute Settlement Committee (DSC) was constituted to look into all such issues that do not involve a doctor. The members of DSC are (subject to them not being a party to the dispute)

1. Senior Most Senior Resident Community Medicine in CRHSP – Chairman
2. Senior Most Nursing Sister – Member
3. One member from Sanitary Inspector/ Junior Engineer/ Pharmacist – Member
4. One member from MSSO/PHN – Member
5. One member from Senior Most Health Assistant/ Health Educator – Member

The committee is free to co-opt any special invitee if so required. All clerical/secretarial matters related to this committee will be the responsibility of Sh. Suresh Kumar, LDC.

All complaints involving disputes of interpersonal nature would be referred to this committee. On receipt of a specific complaint, the Chairman would convene the committee based on appropriateness and availability of the members, and in consultation with a Faculty member. The committee should endeavour to settle the dispute between the parties and if necessary, submit its recommendations to the Faculty for any specific action. The report listing its findings and recommendations in all cases should be submitted within two weeks from the date the complaint was referred to it.

3. Adverse Event Review Meeting

An adverse event is an undesirable and usually unanticipated event in the hospital in which health of a patient is affected. This could possibly reflect a failure of our hospital system to deliver quality care to the patient. This would include among others- (This list is not exhaustive and any event can be added to this as felt appropriate by the faculty)

- All deaths (emergency or ward)
- All obstetric referrals, (emergency or ward)
- Deliveries in bed
- Hospital acquired post-op or postpartum infections

The primary objective of this meeting is to review the failure and learn lessons so that these do not occur in future. It is not a forum to discuss disciplinary action. However, if the review reveals serious negligence by any staff, a separate disciplinary action may be initiated. The responsibility of informing will lie with the nursing sister incharge of the concerned place (ward / OT/ Casualty/ OPD). If the information reached the faculty through other channels especially patient or media it will be viewed very seriously. They are encouraged to report any event which in their view is worth discussing. They will bring all relevant documents (case sheets / registers etc.) for the meeting. Information is to be given to the Faculty or SMO of the concerned place or to the Officer-in-charge.

The nursing staff and doctor on duty and Senior resident(s) concerned at the time of the event will present the case to the group. It is advisable that the event is discussed informally with the concerned faculty member/SMO before the meeting. Even if the nursing staff/ doctor are "off duty", they will have to attend the meeting. Only Officer-in charge can permit somebody to not attend this meeting. In addition to this, all faculty members and SMO will attend. The meeting will be chaired by Officer-in-charge Ballabgarh and in his absence by the next senior most person.

This meeting is held on a monthly basis on last Saturday of each month. All events between the two meetings are discussed. A list of these cases would be made on the weekly Friday meeting, a day before the meeting. The record of the meeting will be kept by Senior Resident CCM posted at Ballabgarh and it will be countersigned by Faculty member of Centre of Community Medicine every month.

17. ENGINEERING UNIT

One Junior Engineer is posted in the project. He is in charge of all civil, electrical and other maintenance works.

Civil works:

- Gardening, masonry, carpentry works
- 14 workers
- Among the 14, one is a gardener by designation, while others are Beldars and are multi-purpose support staff.

Electrical works:

- Electrician - 1
- Wiremen - 2
- Lineman - 1
- Support staff - 7
- Electricians are given round a clock duty by shifts
- Generators - 2

Air conditioners and coolers:

All rooms of the hospital and hostel are provided with air coolers and air conditioners in the offices are provided as per entitlement. The maintenance of these is outsourced to external agencies who keep a person posted at Ballabgarh.

Complaint system:

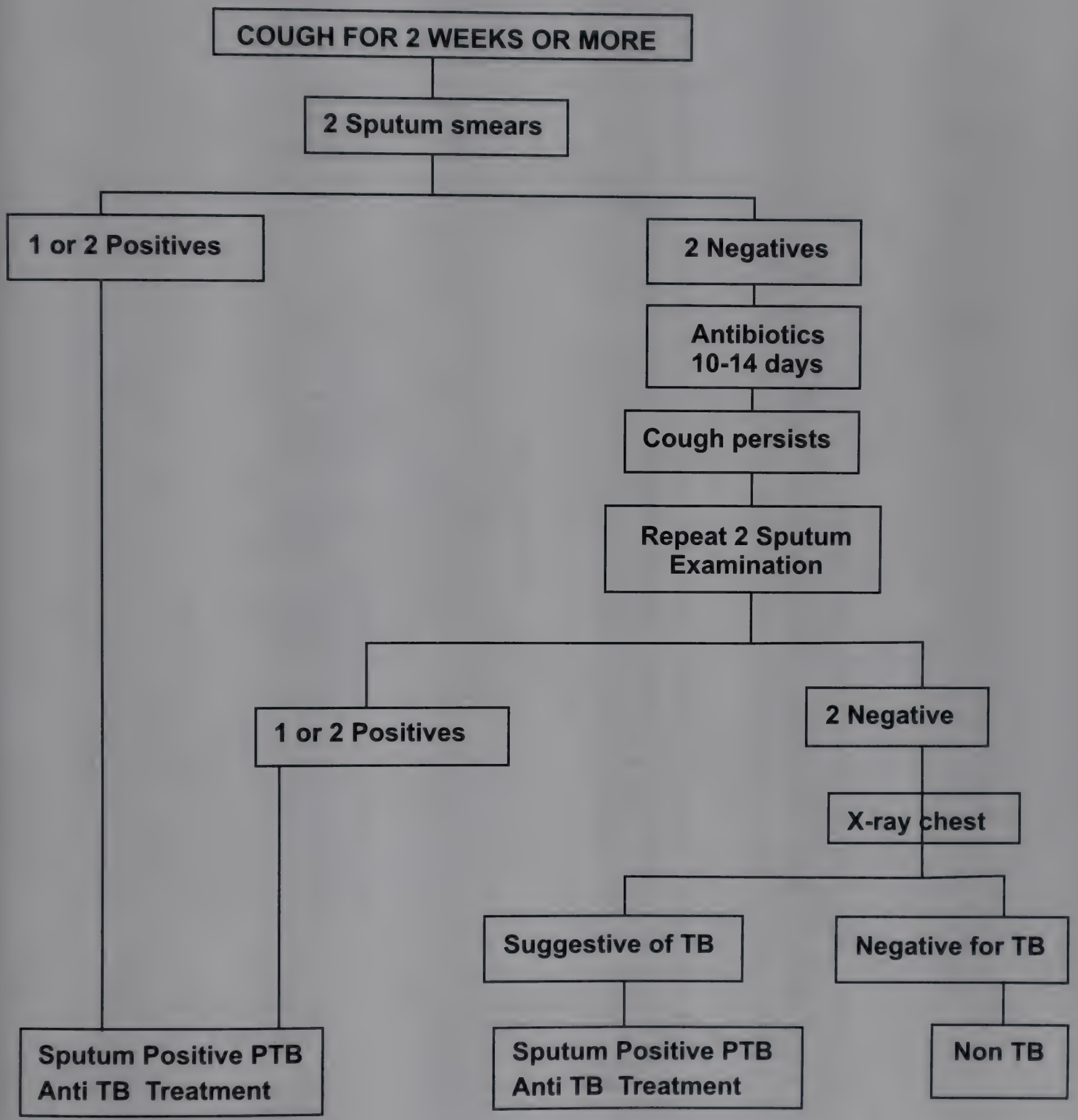
There is a complaint book kept at the electrical and civil works units. If there is any problem related to electrical, carpentry, plumbing works and civil works, you can make a written complaint in that book. The problems will be corrected as soon as possible. If not , then please bring the matter to the attention of the Faulty Member. Faculty Member of Centre for Community Medicine should sign this register at least once a month.

Autoclave:

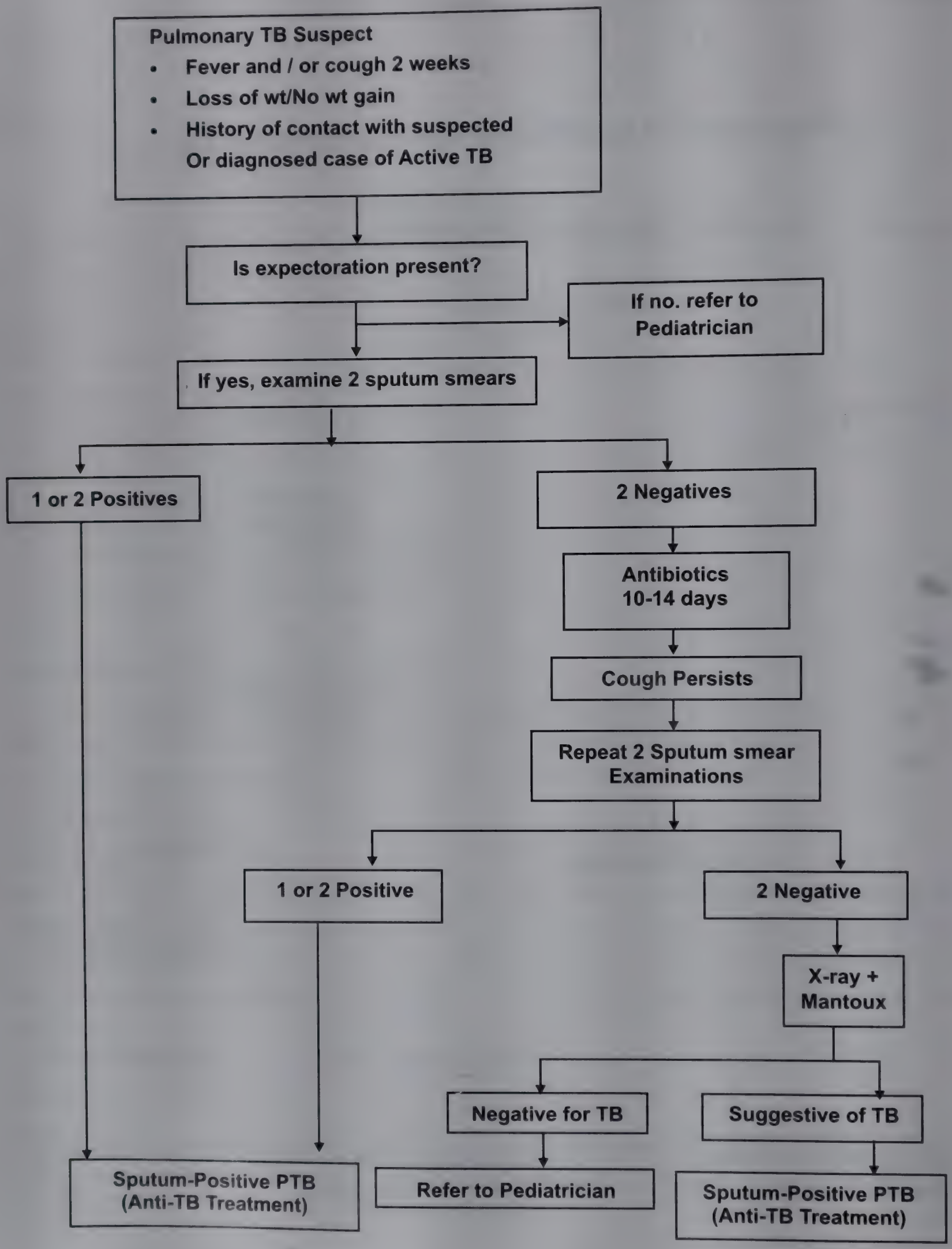
Autoclave faculty is operated daily. All the instruments and other things for sterilisation are collected from ward, casualty, operation theatre upto 11pm. After sterilisation, things are returned to the respective department

Appendix – I

Diagnostic Algorithms for Pulmonary TB



Diagnostic Algorithm for Pediatric Pulmonary TB



RNTCP Treatment categories and regimens for children

Treatment Category	Type of Patients	Treatment Regimen***	
		IP	CP
Category I	New sputum smear-positive PTB New sputum smear-negative PTB, seriously ill* New extra-PTB, seriously ill*	$2H_3R_3Z_3E_3$***	$4H_3R_3$
Category II	Sputum smear-positive relapse Sputum smear-positive treatment failure Sputum smear-positive treatment after default	$2H_3R_3Z_3E_3S_3$+ $1H_3R_3Z_3E_3$	$5H_3R_3E_3$
Category III	New sputum smear-negative, not seriously ill** New extra-PTB, not seriously ill**	$2H_3R_3Z_3$	$4H_3R_3$

* ***In children, seriously ill sputum smear-negative PTB includes all forms of sputum smear-negative PTB other than primary complex. Seriously ill EPTB includes TB meningitis (TBM), disseminated TB, TB pericarditis TB' peritonitis and intestinal TB, bilateral extensive pleurisy, spinal TB with or without neurological complications, genito-urinary TB, and bone and joint TB.***

** ***Not serously ill sputum smear-negative PTB includes primary complex. Not seriously ill EPTB includes lymph node TB and unilateral pleural effusion.***

*** ***Prefix indicates month and subscript indicates thrice weekly.***

Appendix II- National Immunization Schedule

Vaccine	Age				
	Birth	6 weeks	10 weeks	14 weeks	9-12 months
Primary vaccination					
BCG	X				
Oral polio	X	X	X	X	
DPT		X	X	X	
Hepatitis B*		X	X	X	
Measles					X
Booster Doses					
DPT + Oral polio	16 to 24 months				
DT	5 years				
Tetanus toxoid (TT)	At 10 years and again at 16 years				
Vitamin A	9, 18, 24, 30 and 36 months				
Pregnant women					
Tetanus toxoid (PW): 1st dose 2nd dose Booster	As early as possible during pregnancy (first contact) 1 month after 1st dose If previously vaccinated, within 3 years				

* Only in project areas

Appendix III-List of items available in the store

List of drugs available in the store

1. Tablet Flexon
2. Tablet Eptoin 100 mg
3. Tablet Paracetamol 500 mg
4. Tablet Diclofenac
5. Tablet Diazepam 5 mg
6. Tablet Alprax 0.25 mg
7. Tablet Septran DS
8. Tablet Septran SS
9. Tablet Azithromycin 500 mg
10. Tablet Calcium
11. Tablet Amlodipine 5 mg
12. Tablet Atenolol 50 mg
13. Tablet Envas 5 mg
14. Tablet Salbutamol 4 mg
15. Tablet Daonil 5 mg
16. Tablet Lasix
17. Tablet Metformin 500 mg
18. Tablet Aspirin 150 mg
19. Tablet Simvastatin 10 mg
20. Tablet Domstal 10 mg
21. Tablet Digene
22. Tablet Rantac 150 mg
23. Tablet Haloperidol
24. Tablet Imipramine
25. Tablet Avil 25 mg
26. Capsule Amoxycillin 500 mg
27. Capsule Amoxycillin 250 mg
28. Capsule Cephalexin 500 mg
29. Capsule Cephalexin 250 mg
30. Capsule Doxycycline 100 mg
31. Capsule Ofloxacin 200 mg
32. Capsule Autrin

33. Capsule B Complex
34. Betadine solution
35. Betadine ointment
36. Silver sulphadiazine ointment
37. Mercurochrome
38. Hydrogen peroxide
39. Surgical spirit
40. Tropicamide eye drops
41. Ciplox eye drops
42. Homide eye drops
43. ORS powder
44. Savlon
45. Distilled water
46. Formalin

List of surgical items available in the store

1. Cotton
2. Bandage 15, 10, 7 cm
3. Gloves
4. Gauze piece
5. Sponge
6. I.V. Cannula
7. Syringe 50, 20, 5, 2, 1 ml
8. Duster thin & thick
9. I.V. fluids RL, DNS, NS, N/2, N/5
10. Suction catheter
11. Suction pipe
12. Mackintosh
13. I.V. Set
14. Disposable caps
15. Cord clamp
16. Adhesive plaster
17 Catgut suture 1-0, 2-0, 3-0

18. Vicryl suture
19 Nylon suture
20. Silk suture

Miscellaneous :

1. X-ray film 12 × 15, 10 × 12, 8 × 10
2. X-ray fixer
3. X-ray developer
4. Plastic chairs
5. Iron chairs
6. Mattresses

List of general items available in the store

1. Washing Soap
2. Phenyl black & white
3. Naphthalene blue
4. Bucket
5. Mug
6. Milton water hamper
7. Rubber brush
8. Poly bag blue, black, yellow
9. Urinal cube
10. Harpic
11. Toilet Soap
12. Laundry detergent
13. Dettol solution
14. Vim powder
15. *Neel* powder
16. *Tat*
17. Bleaching powder
18. Anti larval solution
19. Liquid soap
20. Nitric acid
21. Soft soap

Appendix IV

REPORTING FORMATS

Monthly Hospital/CHC Monitoring Report
General Hospital, Ballabgarh

1) Average bed occupancy (in %)

2) No. of Patient treated

   a) New only (A) OPD
      (B) IPD

   b) New and Old (A) OPD
      (B) IPD

3) No. of Emergency Admissions

4) No. of cases Referred
   (A) Indoor
   (B) Emergency

5) No. of death among Indoor Patient
   (A) Within 48 hours of admission
   (B) After 48 hours of admission

6) No. of patients given Anesthesia
   (A) General Anesthesia
   (B) Spinal Anesthesia
   (C) Any other Anesthesia

7) No. of Operation Conducted
   (A) Major
   (B) Minor

8) No. of deliveries conducted
   (A) Normal Delivery
   (B) Caesarean Delivery

9) No. of ECG done

10) No. of X-Ray done

11) No. of ultrasound done

12) No. of Blood transfusions given

13) No. of Laboratory Tests Conducted

(A) Routine Tests

(B) Special Tests

(C) Malaria Slide

14) STD Clinic (Not Applicable)

Morbidity reporting format

For quarter 1st/2nd/3rd/4th , _____year reporting date:___/___/_____

Site	Status of entry in register*	Status of encoding*	Status of data entry*	Summary report enclosed
Emergency				
Ward				
Main OPD				
PED OPD				

*Mention date up to which completed

Remarks:

Name and signature of person reporting

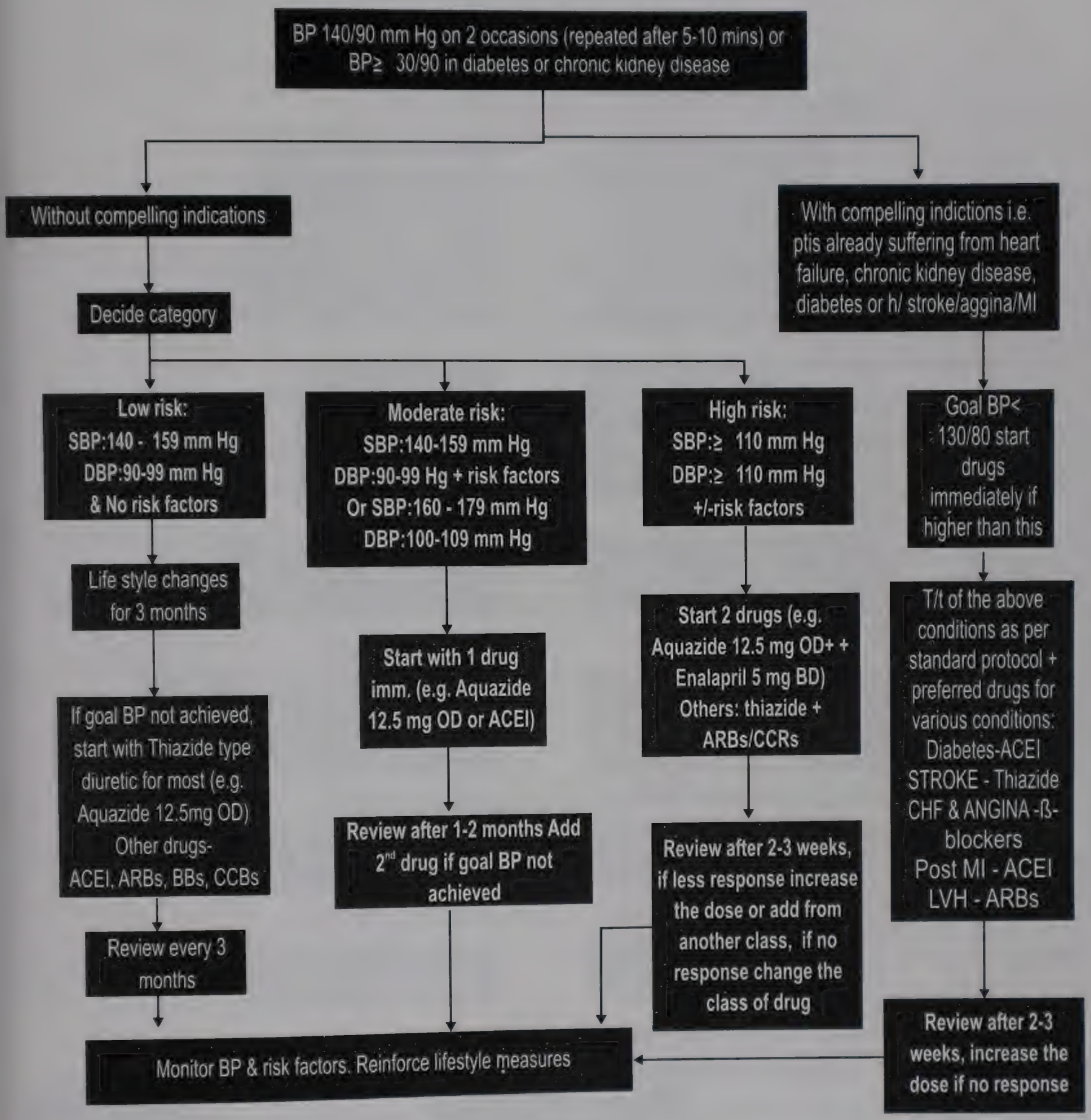
Summary report format

For quarter 1st/2nd/3rd/4th , _____year reporting date:___/___/_____

Site: OPD/IPD/Emergency/pediatrics

S.No	ICD-10 CODES	Male N (%)	Female N (%)	Total N (%)
1	Infectious and parasitic diseases (A00-B99)			
2	Neoplasms (C00-D48)			
3	Circulatory system (I00-I99)			
4	Respiratory system (J00-J99)			
5	Digestive system (K00-K93)			
6	External causes of mortality (S00-Y98)			
7	Nervous system (G00-G99)			
8	Genitourinary system (N00-N99)			
9	Conditions in the perinatal period (P00-P96)			
10	Congenital malformations (Q00-Q99)			
11	Pregnancy, childbirth, and the puerperium (O00-O99)			
12	Blood/blood forming organs (D50-D58)			
13	Endocrine, nutritional, metabolic diseases (E00-E90)			
14	Skin and subcutaneous tissue (L00-L99)			
15	Mental and behavioural disorder (F00-F99)			
16	Not elsewhere classifiable (R00-R99)			

A. Management of Hypertension



Important : If BP≥ 220/120mmHg refer immediately for admission to CRHSP

Note:

1. Start with low dose of anti-hypertensive — gradual reduction of BP is a prudent approach.

2. Younger individual have high renin hypertension, hence ACE-I / ARBs or BBs are preferred while older individual have low renin hypertension & hence diuretics /CCBs are preferred.

3. Combined use of diuretics & beta-blockers is discouraged due to a high incidence of new onset diabetes. Other undesirable combinations are:

   * Low dose diuretics & CCBs.
   * ß-Blockers & ACE inhibitors.
   * ß-blockers & Verapamil /Diltiazem.
   * Two drugs from the same class.

4. Life style modifications :-
   1 Maintain ideal BMI [below 23kg/m^2]
   2 DASH [dietary approach to stop hypertension]; consume a diet rich in fruits & vegetables [5 servings per day; each serving 80-100gms] and low fat (less than 2 table spoons per day of cooking oil)
   3 Dietary restriction of sodium [<5 grams (1 teaspoon)] per day
   4 Progressively increase moderate physical activity such as brisk walking, cycling for at least 30 minutes
   5 Complete abstinence for alcohol & tobacco.

   BP≥220/120

5. **If BP ≥220/120 mmHg** : IV Sodium Nitroprusside is the drug of choice. However it needs an i.v. infusion pump and constant monitoring.50mg is added to a 500ml bottle. The infusion is started at 0.02mg/min & titrated upwards with the response:0.1-0.3mg/min is often needed.

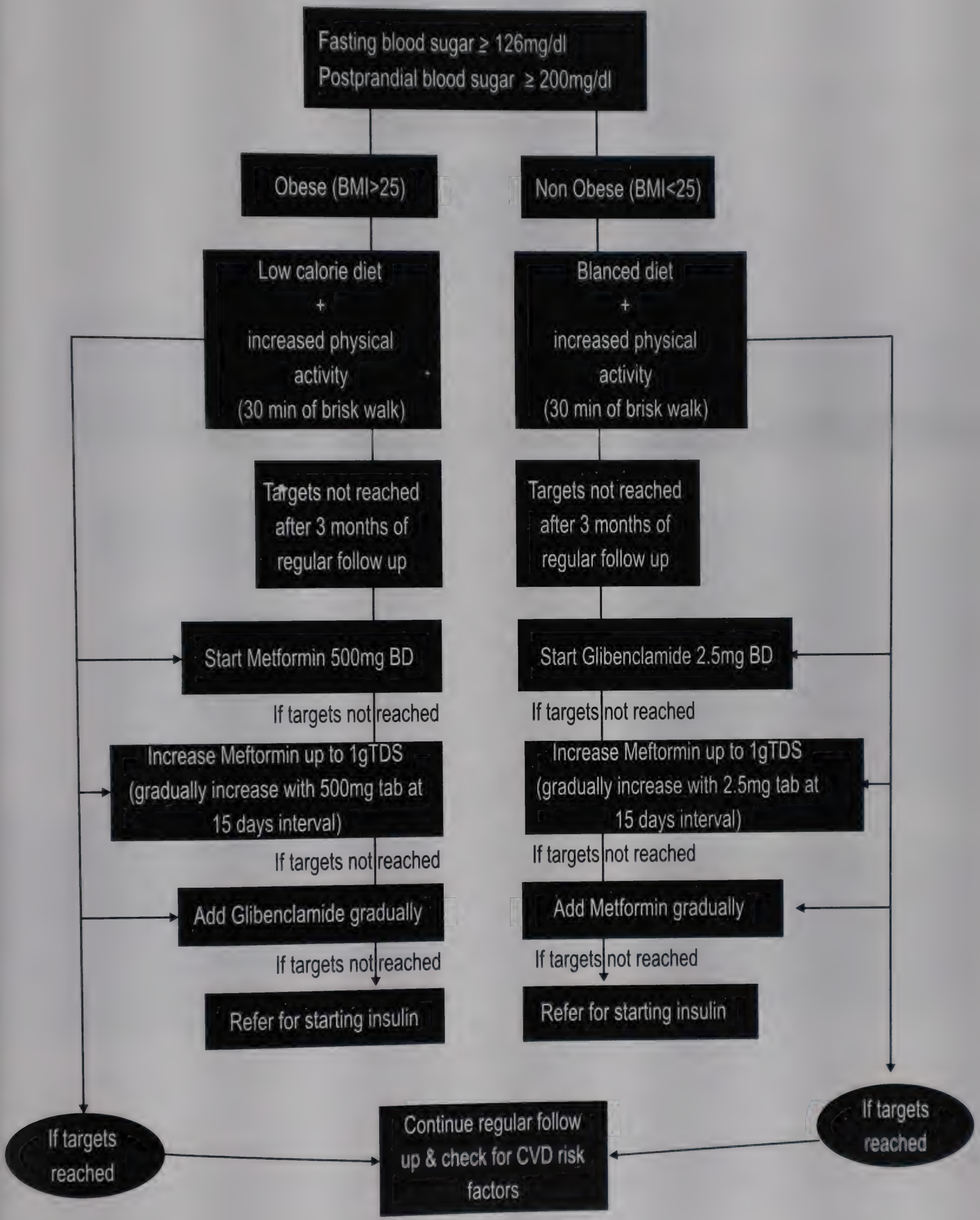
Source:

WHO-CVD risk M/m
(http://www.who.int/entity/cardiovascular_diseases/guidelines/hypertension/en/index.html)

JNC-VII (Hypertension. 2003 Dec;42(6):1206-52. Epub 2003 Dec 1)

Indian Hypertension Guidelines-II from API. (http://www.apiindia.org/docs/managehypert.pdf)

B. Management of Type II Diabetes



Important notes:

1 If diabetes is controlled then review after every three months

2 Pay special attention to-

(i) Eye for cataract & diabetic retinopathy

(ii) Lower limbs for numbness & paraesthesia

(iii) Any infection, in general

(iv) Blood pressure

3 Routine investigations (as and when advised by doctor)

(i) Serum Creatinine

(ii) Total cholesterol /Serum Triglycerides

(iii) Urine for ketones, proteins & glucose

(iv) HbA1c

C. Management of acute coronary syndrome (Angina + MI)

H/o pain or discomfort in retro sternal or epigastric area which may/ may not radiate to left shoulder, left arm / hand or jaw or neck

Immediately give sublingual Nitroglycerine 0.3mg which may be repeated at 3-5 minutes interval in the dose of 0.3/0.4/0.5mg if pain dose not subside

If ECG shows S.T segment depression; stable an gina is high probability (if pain subsides within 20 minutes)

Start Aspirin (75mg) & aggressive risk factor M/m

Regular follow up every 6 months for total cholesterol Triglycerides, fasting & PP blood sugar

- Start statins if cholesterol ≥ 250mg/dl, TGL ≥ 200mg/dl (fibrates can be considered) in Non diabetics
- In diabetics, drugs can be started, if cholesterol ≥ 200mg/dl, TGL ≥ 150mg/dl
- In other CVD risk factors, drugs can be started, if cholesterol ≥ 160mg/dl, TGL ≥ 130 mg/dl

If ECG shows S.T segment elevation; unstable an gina or MI if pain does not subsides after 20 minutes)

- Morphine for pain
- Diazepam for anziety

IV saline for maintaining blood volume/tissue perfusion

- 02 if neede
- IV soda bicarbonate for lactic acidosis
- Aspirin 160-325mg PO or clopidogrel if allergic to aspirin (300mg of clopidogrel initially & then 75 mg/day)

Refer higher centre for thrombolytic therapy and re-perfusion
*Start-ß- blockers if arrhythmias present

Source:

Current Medical Diagnosis and Treatment 2005 McGraw-Hill/Appleton & Lange Publication

Consensus document on M/m of coronary artery disease in India- 2006 (JAPI 2006 Vol 54; 469-480)

Appendix VI

ANNUAL REPORT
Comprehensive Rural Health Services Project (AIIMS)
Year 2008-2009

PATIENT CARE

1. Referral Hospital Ballabgarh

1. Outpatients

The following outpatient departments are run:

(a) General outpatients for adults
(b) Child Welfare Centre for children
(c) Ophthalmology outpatients Daily
(d) ENT twice a week
(e) Dental outpatients Daily
(f) Obstetrics & Gynecology OPD - daily
(g) Rehabilitation OPD -two days a week
(h) Psychiatry OPD once a week
(i) ANC Clinic thrice a week
(j) Pediatric Surgery OPD cum surgery - once a week
(k) NCD clinic – once a week

OPD LOAD

S.No	Category	Numbers
1	New patients	98700
2	Old patients	68186
3	New & old patients	166886
4	ANC Registration	5541
5	Immunization	6415

2. Inpatients

1	Number of beds	50
2	Total No. of admissions including Hospital births	7009
3	Number of Hospital births	1595
4	Bed Occupancy rate	49.19% (Including newborns) 37.99% (Excluding newborns)
5	Admissions Via Emergency	4486
6	Admissions Via OPD	928
7	Admissions New Born	1595

3. Distribution of Inpatients by specialty

Specialty	Number (%)
Medicine	1555 (22.1)
Surgery	217 (3.1)
Obst. Gynae.	2313 (33.0)
Paediatrics	1036 (14.8)
Ophthalmology	293 (4.2)
New Born	1595 (22.8)
Total	7009 (100)

4. Casualty

Number of patients registered	18889
Number of medico-legal cases	3125

5. Diagnostic tests performed

Lab investigations (Including malaria slides)	95149
X-ray (Total)	5335
Malaria slides	4512
Malaria cases	25
P.Vivax	25
P.Falciparum	Nil

6. Total number of surgical procedures performed Sex wise

Male	651 (32.7 %)
Female	1340 (67.3 %)
Total	**1991 (100 %)**

7. Revised National Tuberculosis Control Programme (RNTCP)

Ballabgarh hospital is a Treatment Unit under the Revised National Tuberculosis Contr Programme and has 4 (four) Microscopy Centres under it. Total cases treated at Ballabgarh Hospit 2008 was 529.

Break-up of cases treated at Ballabgarh Microscopy Centre

Category 1	306
Category 2	109
Category 3	114
Total	**529**

2. Community Health Services

Intensive Field Practice Area (IFPA)

This comprises of the two Primary Health Centres Dayalpur & Chhainsa. Outpatient, domiciliary referral services are being provided.

(1) Indices

Population (n)	85552
Crude Birth Rate per 1000 population	23.73
Crude Death Rate per 1000 population	7.25
Neonatal mortality rate per 1000 live births	19.6
Infant mortality rate per 1000 live births	38.68
Maternal Mortality Rate per 100,000 live births	211.97

(2) Load of OPD patients at various centres in IFPA

Name of PHC	New cases	Repeat visits	Total
Dayalpur	12710	10737	23447
Chhainsa	10506	9137	19643

Family Welfare & Maternal Child Health

The Project area is dependent on the District Family Welfare and Immunization Offices for the supply of vaccines and other items.

Total AN cases (new registration)	2239
Pregnant women receiving AN care	100%
Complete TT coverage of registered cases	90.10 %
Deliveries conducted by staff or hospital	1033
Eligible couple protection rate	52.05 %

Number of persons who accepted Family Planning methods (2008)

Tubectomy	197
Vasectomy	30
CC users	532
IUD	201
Oral pills	207
Total	1169

Expanded Programme on Immunization

Coverage of 12 to 23 month of age

BCG	98.0 %
OPV (3 doses)	96.4 %
DPT (3 doses)	97.9 %
Measles	94.4 %

National Programmes

1. Malaria

Collection of blood slides is done by active and passive surveillance in the IFPA.

Total number of slides collected	8058
Total number of positive cases	10

Indices

Annual blood examination rate	**9.4 %**
Annual parasite incidence rate	**0.12/1000 population**
Slide positivity rate	**0.12 %**

2. Tuberculosis

The Revised National Tuberculosis Control Programme is carried out in the IFPA on the national pattern. Dayalpur PHC has been designated as a Microscopy Centre and caters to all villages under the IFPA. The break-up of patients treated in the total Field Practice Area is as follows:

Category 1	66
Category 2	35
Category 3	14
Total	115

MINISTRY OF ENVIRONMENT & FORESTS

NOTIFICATION

New Delhi, 20th July, 1998

S.O. 630 (E).-Whereas a notification in exercise of the powers conferred by Sections 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986) was published in the Gazette vide S.O. 746 (E) dated 16 October,1997 inviting objections from the public within 60 days from the date of the publication of the said notification on the Bio-Medical Waste (Management and Handling) Rules, 1998 and whereas all objections received were duly considered.. Now, therefore, in exercise of the powers conferred by section 6, 8 and 25 of the Environment (Protection) Act, 1986 the Central Government hereby notifies the rules for the management and handling of bio-medical waste.

1. SHORT TITLE AND COMMENCEMENT:

(1) These rules may be called the Bio-Medical Waste (Management and Handling) Rules, 1998.

(2) They shall come into force on the date of their publication in the official Gazette.

2. APPLICATION:

These rules apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form.

3. DEFINITIONS:

In these rules unless the context otherwise requires

(1) "Act" means the Environment (Protection) Act, 1986 (29 of 1986);

(2) "Animal House" means a place where animals are reared/kept for experiments or testing purposes;

(3) "Authorisation" means permission granted by the prescribed authority for the generation, collection, reception,

storage, transportation, treatment, disposal and/or any other form of handling of bio-medical waste in accordance with

these rules and any guidelines issued by the Central Government.

(4) "Authorised person" means an occupier or operator authorised by the prescribed authority to generate, collect, receive, store, transport, treat, dispose and/or handle bio-medical waste in accordance with these rules and any guidelines issued by the Central Government;

(5) "Bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or in research activities pertaining thereto or in the production or testing of biologicals, and

including categories mentioned in Schedule I;

(6) "Biologicals" means any preparation made from organisms or micro-organisms or product of metabolism and file:///C|/cpcb-website/modified-files/2009/May-09/06.05.09/biomed-Rules-1998.htm (1 of 15) [5/6/2009 3:56:04 PM]

biochemical reactions intended for use in the diagnosis, immunisation or the treatment of human beings or animals or in research activities pertaining thereto;

(7) "Bio-medical waste treatment facility" means any facility wherein treatment. disposal of bio-medical waste or processes incidental to such treatment or disposal is carried out;

(8) "Occupier" in relation to any institution generating bio-medical waste, which includes a hospital, nursing home, clinic dispensary, veterinary institution, animal house, pathological laboratory, blood bank by whatever name called, means a person who has control over that institution and/or its premises;

(9) "Operator of a bio-medical waste facility" means a person who owns or controls or operates a facility for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste;

(10) "Schedule" means schedule appended to these rules;

4. DUTY OF OCCUPIER:

It shall be the duty of every occupier of an institution generating bio-medical waste which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank by whatever name called to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment.

5. TREATMENT AND DISPOSAL

(1) Bio-medical waste shall be treated and disposed of in accordance with Schedule I, and in compliance with the standards prescribed in Schedule V.

(2) Every occupier, where required, shall set up in accordance with the time-schedule in Schedule VI, requisite biomedical waste treatment facilities like incinerator, autoclave, microwave system for the treatment of waste, or, ensure requisite treatment of waste at a common waste treatment facility or any other waste treatment facility.

6. SEGREGATION, PACKAGING, TRANSPORTATION AND STORAGE

(1) Bio-medical waste shall not be mixed with other wastes.

(2) Bio-medical waste shall be segregated into containers/bags at the point of generation in accordance with Schedule II prior to its storage, transportation, treatment and disposal. The containers shall be labeled according to Schedule III.

(3) If a container is transported from the premises where bio-medical waste is generated to any waste treatment facility outside the premises, the container shall, apart from the label prescribed in Schedule III, also carry information prescribed in Schedule IV.

(4) Notwithstanding anything contained in the Motor Vehicles Act, 1988, or rules thereunder, untreated biomedical waste shall be transported only in such vehicle as may be authorised for the purpose by the competent authority as specified by the government.

(5) No untreated bio-medical waste shall be kept stored beyond a period of 48 hours Provided that if for any reason it becomes necessary to store the waste beyond such period, the authorised person must take permission of the prescribed authority and take measures to ensure that the waste does not adversely affect human health and the environment.

7. PRESCRIBED AUTHORITY

(1) The Government of every State and Union Territory shall establish a prescribed authority with such members as may be specified for granting authorisation and implementing these rules. If the prescribed authority comprises of more than one member, a chairperson for the authority shall be designated.

(2) The prescribed authority for the State or Union Territory shall be appointed within one month of the coming into force of these rules.

(3) The prescribed authority shall function under the supervision and control of the respective Government of the State or Union Territory.

(4) The prescribed authority shall on receipt of Form 1 make such enquiry as it deems fit and if it is satisfied that the applicant possesses the necessary capacity to handle bio-medical waste in accordance with these rules, grant or renew an authorisation as the case may be.

(5) An authorisation shall be granted for a period of three years, including an initial trial period of one year from the date of issue. Thereafter, an application shall be made by the occupier/operator for renewal. All such subsequent authorisation shall be for a period of three years. A provisional authorisation will be granted for the trial period, to enable the occupier/operator to demonstrate the capacity of the facility.

(6) The prescribed authority may after giving reasonable opportunity of being heard to the applicant and for reasons thereof to be recorded in writing, refuse to grant or renew authorisation.

(7) Every application for authorisation shall be disposed of by the prescribed authority within ninety days from the date of receipt of the application.

(8) The prescribed authority may cancel or suspend an authorisation, if for reasons, to be recorded in writing, the occupier/operator has failed to comply with any provision of the Act or these rules : Provided that no authorisation shall be cancelled or suspended without giving a reasonable opportunity to the occupier/ operator of being heard.

8. AUTHORISATION

(1) Every occupier of an institution generating, collecting, receiving, storing, transporting, treating, disposing and/or handling bio-medical waste in any other manner, except such occupier of clinics, dispensaries, pathological laboratories, blood banks providing treatment/service to less than 1000 (one thousand) patients per month, shall make an application in Form 1 to the prescribed authority for grant of authorisation. file:///C|/cpcb-website/modified-files/2009/May-09/06.05.09/biomed-Rules-1998.htm (3 of 15) [5/6/2009 3:56:04 PM]

MINISTRY OF ENVIRONMENT & FORESTS

(2) Every operator of a bio-medical waste facility shall make an application in Form 1 to the prescribed authority for grant of authorisation.

(3) very application in Form 1 for grant of authorisation shall be accompanied by a fee as may be prescribed by the Government of the State or Union Territory.

9. ADVISORY COMMITTEE

The Government of every State/Union Territory shall constitute an advisory committee. The committee will include experts in the field of medical and health, animal husbandry and veterinary sciences, environmental management, municipal administration, and any other related department or organisation including non-governmental organisations.

The State Pollution Control Board/Pollution Control Committee shall be represented. As and when required, the committee shall advise the Government of the State/Union Territory and the prescribed authority about matters related to the implementation of these rules.

10. ANNUAL REPORT

Every occupier/operator shall submit an annual report to the prescribed authority in Form 11 by 31 January every year, to include information about the categories and quantities of bio-medical wastes handled during the preceding year.

The prescribed authority shall send this information in a compiled form to the Central Pollution Control Board by 31 March every year.

11. MAINTENANCE OF RECORDS

(1) Every authorised person shall maintain records related to the generation, collect ' ion, reception, storage, transporation, treatment, disposal and/or any form of handling of bio-medical waste in accordance with these rules and any guidelines issued.

(2) All records shall be subject to inspection and verification by the prescribed authority at any time.

12. ACCIDENT REPORTING

When any accident occurs at any institution or facility or any other site where bio-medical waste is handled or during transportation of such waste, the authorised person shall report the accident in Form Ill to the prescribed authority forthwith.

13. APPEAL

Any person aggrieved by an order made by the prescribed authority under these rules may, within thirty days from the date on which the order is communicated to him, prefer an appeal to such authority as the Government of State/Union Territory may think fit to constitute : Provided that the authority may entertain the appeal after the expiry of the said period of thirty days if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time. file:///C|/cpcb-website/modified-files/2009/May-09/06.05.09/biomed-Rules-1998.htm (4 of 15) [5/6/2009 3:56:04 PM]

SCHEDULE I

(See Rule 5)

CATEGORIES OF BIO-MEDICAL WASTE

Option	Waste Category	Treatment & Disposal
Category No. 1	Human Anatomical Waste (human tissues, organs, body parts)	incineration@/deep burial*)
Category No. 2	Animal Waste (animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals colleges, discharge from hospitals, animal houses)	incineration@/deep burial*
Category No 3	Microbiology & Biotechnology Waste (wastes from laboratory cultures, stocks or specimens of micro- organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures)	local autoclaving/microwaving/incineration@
Category No 4	Waste sharps (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	disinfection (chemical treat ment@01/autoclaving/microwaving and mutilation/ shredding"
Category No 5	Discarded Medicines and Cytotoxic drugs (wastes comprising of outdated, contaminated and discarded medicines)	incineration n@/destruct ion and drugs disposal in secured landfills
Category No 6	Solid Waste	

(Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material incineration@ contaminated with blood) autoclaving/microwaving

Category No. 7 Solid Waste

(wastes generated from disposable items other than the waste sharps disinfection by chemical such as tubings, catheters, intravenous sets etc). treatment@@ autoclaving/ Microwaving and mutilation/ shredding##

Category No. 8 Liquid Waste

(waste generated from laboratory and washing, cleaning, house- disinfection by chemical keeping and disinfecting activities) treatment@@ and discharge into drains.

Category No. 9 Incineration Ash

(ash from incineration of any biomedical waste) disposal in municipal landfill

Category No. 10 Chemical Waste (chemicals used in production of biologicals, chemicals used in chemical treatment@@ and disinfection, as insecticides, etc.) discharge into drains for liquids and secured landfill for solids

---

@@ Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.

Multilation/shredding must be such so as to prevent unauthorised reuse.

@ There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated.

* Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas.

SCHEDULE II

(see Rule 6)

COLOUR CODING AND TYPE OF CONTAINER FOR DISPOSAL OF BIO-MEDICAL WASTES

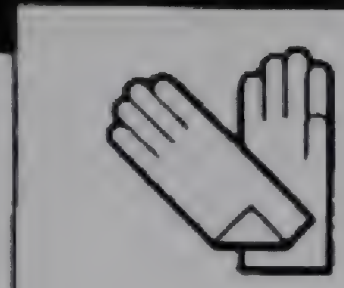
Colour Conding	**Type of Container-I Waste Category**	**Treatment options as per Schedule I**
Yellow	Plastic bag Cat. 1, Cat. 2, Cat. 3 Cat. 6	Incineration/deep burial
Red	Disinfected container/plastic bag Cat., 3 Cat 6, Cat. 7	Autoclaving /Microwaving/ Chemical Treatment
Blue/White translucent	Plastic bag/puncture proof Cat. 4 Cat. 7. Container	Autoclaving/Microwaving/ Chemical Treatment and destruction/shredding
Blace	Plastic bag Cat. 5 and Cat. 9 and Cat. 10. (solid)	Disposal in secured landfill

Notes:

1. Colour coding of waste categories with multiple treatment options as defined in Schedule I, shall be selected depending on treatment option chosen, which shall be as specified in Schedule I.
2. Waste collection bags for waste types needing incineration shall not be made of chlorinated plastics.
3. Categories 8 and 10 (liquid) do not require containers/bags.
4. Category 3 if disinfected locally need not be put in containers/bags.

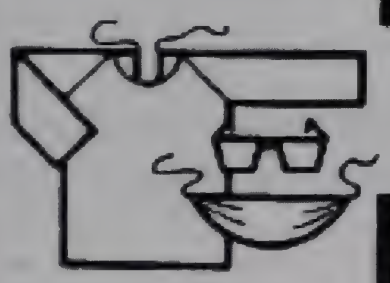
UNIVERSAL PRECAUTIONS

Avoid Exposure of Skin & Mucous Membranes to Blood & Body Fluids



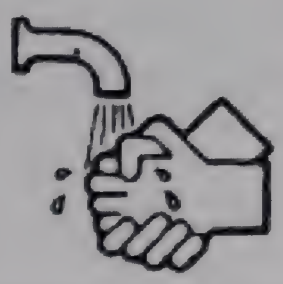
IF IN CONTACT

Wear gloves if in contact with blood and body fluids



RISK OF SPLASHING

Wear goggles, mask or gown when there is risk of splashing



ALWAYS WASH HANDS

Wash hands before and after patient contact and on removal of gloves

Important points to remember in preventing HIV transmission

Health care organizations must develop policy to ensure that all health care workers are aware of effective and practical infection control practices.

Prevent injuries with"Sharps", such as needles, scalpels, blades and razors. Health care workers can prevent injury by taking time with procedures involving "sharps". Remember that the more a needle or intravenous line is manipulated, the greater the risk of a needle stick injury.

- Do not manipulate needles prior to their disposal and avoid recapping needles before they are discarded, since this is a common cause of puncture injury.
- Do not bend, break or remove the needle from the syringe prior to its disposal.
- Place disposable "sharps" in puncture-resistant containers make of thick cardboard, Plastic or metal, after use.
- The precise location of puncture-resistant containers is important. They should be kept as close as possible to the area where the sharp item is to be used, such as in patient treatment or utility rooms.
- When washing sharp instruments and needles, wear heavy gloves, and handle with extreme care.
- If the same accidental exposure happens more than twice review of the working procedure is recommended.

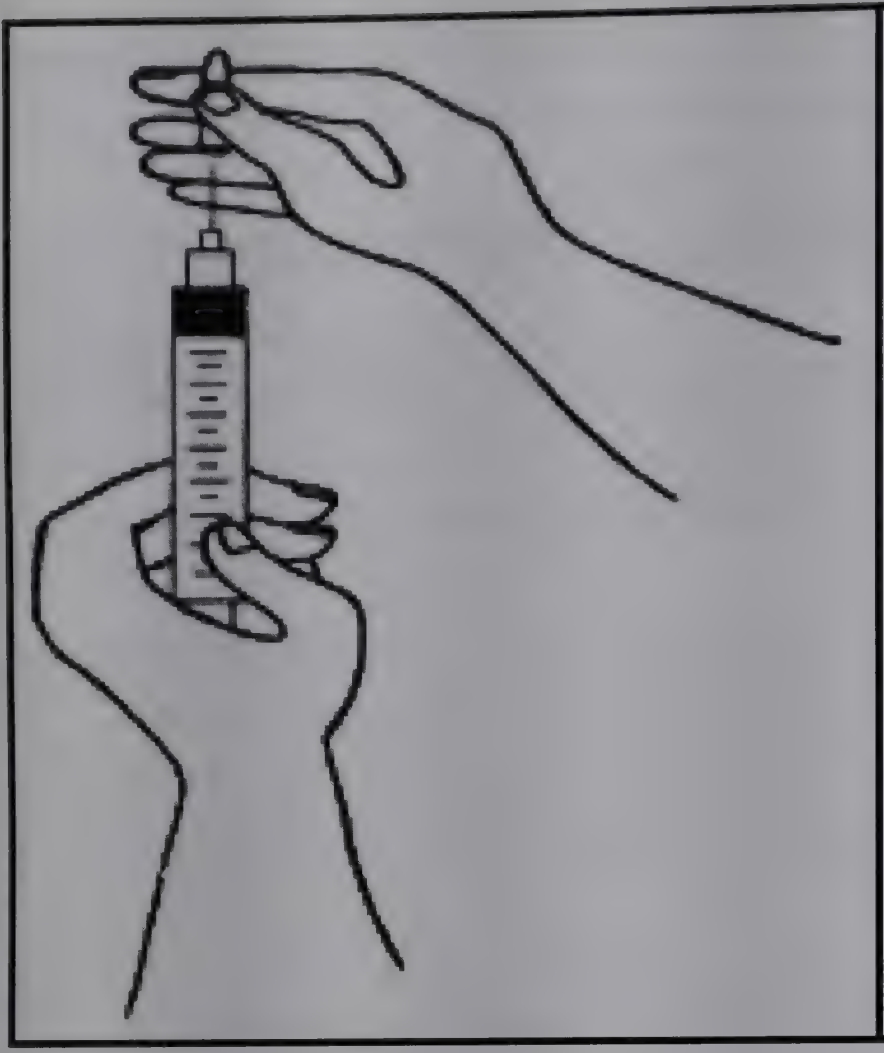
The most common way in which health care workers are exposed to HIV is through accidental exposure to sharp objects.

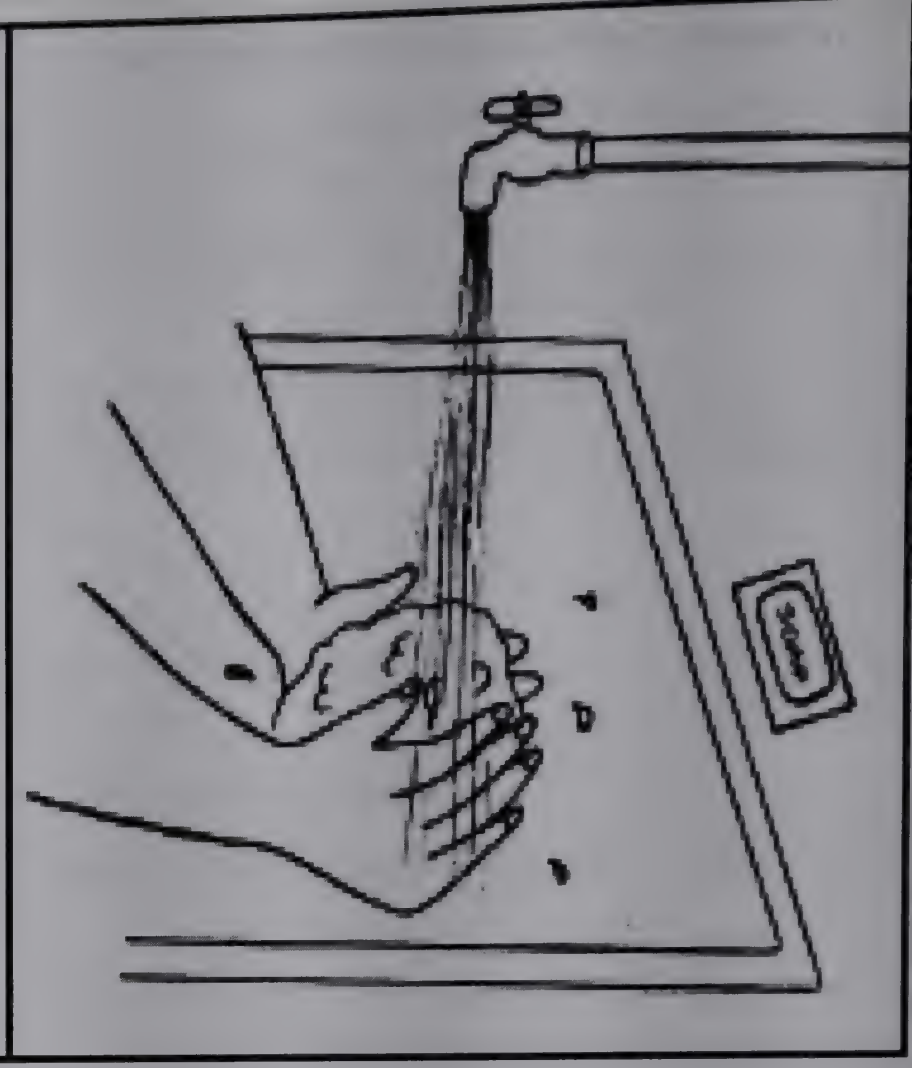
Remember to wash hands and skin throughly, Immediately after contact with body fluids. This is important to prevent disease transmission to you and other patients. Hands should be thoroughly washed. even if gloves are worm. Also wash your hands :

- before and after eating, preparing food or feeding.
- after using the toilet
- after blowing your nose, coughing or sneezing into your hands.
- before invasive procedures
- before and after contact with wounds
- before providing care to patients whose immune system is deficient
- after contact with patient
- after handling sciled man or waste

Cleaning spills. When blood or other fluids which can transmit HIV are spilled, always wear gloves to clean the spill (use a plastic bag over the hands if gloves are not available). HIV is easily decontaminated by common disinfectants and rapidly killed by by household bleach.

- If the spill is small, remove the visible material and then decontaminated the area with an appropriate disinfectant
- If the spill is large, flood the area with appropriate disinfectant before cleaning, then clean the area and flood again with fresh disinfectant.





A protective barrier breaks the chain of infection by providing a physical barrier through which the virus (or fluids containing the virus) cannot pass. This includes use of gloves, gowns, masks and goggies.

Gloves : Gloves should be worm when touching blood and body fluids, mucous membranes and non-infact skin or when there is a risk of contact with blood another body fluids. They should also be worm when drawing blood from a patient

If a limited number of gloves is available, priority should be given to the following situations

- When a health care worker has lesions or broken skin on his/her hand
- When the patients is uncooperative, e.g. an adult with AIDS dementia
- When the health care worker is doing a finger stick or heel stick on an infant
- When the person drawing blood is a student or its unskilled and
- When the health care worker is performing aseptic or unclean procedures.

A separate pair or gloves should be used for each patient. Gloves should be discarded after each use. It is preferable to use new gloves but reusable gloves can be washed and sterilizer or disinfected before reuse. Gloves that are peeling, cracked, discolored or have visible tears or holes must be discarded most invisible holes can be delcted by .. gloves with air, and holding then under water bubbles will appear if any holes are present.

Mask and eye cover (eyeglasses or goggles). A mask and eye cover must be used when there is a risk of droplets or splashes of blood or other body fluids. Examples of situations where this might occur are surgery, vaginal delivers suctioning and during chest physiotherapy or when attending to wounds of an accident victim

Gowns and aprons. A gown or apron of plastic, cloth or water-resistant paper should be worm when there is a risk of splashes of blood or other applicable fluids. This may occur during surgery or vaginal delivers, when .... a patient with weeping or bleeding wounds., during first aid and emergency care.

Appendix IX

Forms used in the hospital

मूल्य मात्र एक रुपया

शरीरमाद्य खलु धर्मसाधनम्

O.P.D. Card Registration No. :

सामुदायिक चिकित्सा विज्ञान केन्द्र

व्यापक ग्रामीण स्वास्थ्य परियोजना, बल्लबगढ़

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली एवं हरियाणा सरकार की संयुक्त परियोजना

Centre for Community Medicine

Comprehensive Rural Health Services Project, Ballabgarh

A joint project of A.I.I.M.S., New Delhi and Haryana Govt.

Name :	S/o. D/o. W/o
Age/Sex :	Address :

Date	Diagnosis

अंगदान - जीवन का बहुमूल्य उपहार / ORGAN DONATION - A GIFT OF LIFE

O.R.B.O., AIIMS. 26588360, 26593444, www.orbo.org Helpline - 1060 (24 hrs service)

D.H.S. 1

6844---D.H.S.---Item No. 1---H.G.P., Pkl

OUTDOOR TICKET

No. _____

Name of the Dispensary/Hospital _____

_____

Name _____

Yearly No. _____

Date _____

Disease _____

Date of visit	Symptoms	Treatment

CRHSP BALLABGARH

Investigation Slip

Name ..... **Age** ..... **Sex** .....

Regd. No. ..... **Date** .....

Routine (Free)

BLOOD
Hb
TLC
DLC
ESR
P.S. for type of Anemia

URINE
Alb
Sugar
Microscopy
Bile Salt
Bile Pigment
Urobilinogen

STOOL
Ova
Cyst

SEMEN
Volume
Viscosity
Sperm Count

CSF
Appearance
Cells
Proteins
Sugar
Gram Staining
AFB Staining
SPUTUMAFB*3

Special (Charged)

BIOCHEMICAL
Sugar - Fasting
- PP
Uric Acid
Cholesterol
Triglycerides
HDL/LDL
Urea
Creatinine
Electrolytes Na+
K+
Ca+

LFT
Protein- Total
Albumin
Globulin
Billrubin Total
Indirect
SGOT
SGPT
Alkaline Phosphatase

OTHERS
Blood group-ABO/RH
Widal
VDRL
RA Factor
Pregnancy Test (HCG)

Doctor's Signature

C.R.H.S. PROJECT, BALLABGARH

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली – 110029

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029

Ward Case Sheet

नाम Name	उम्र Age	लिंग Sex	दिनांक Date	सी. आर. नं. C.R. No.

सीनियर रेजिडेंट
Senior Resident

Notes written by .....

CLINICAL NOTES

C.R.H.S. PROJECT, BALLABGARH, A.I.I.M.S.

MATERNITY CASE SHEET

NAME..... **AGE**..... **SEX** .....

LMP ..... **EDD** ..... **PARITY**.....

No. of Living Children ..... **M**..... **F**.....

Attending ANC **Yes / No**

ANC provided elsewhere **Yes / No**

Inj. Tetanus toxoid Doses **Yes / No** **No. of Doses: 1 2 3**

Physical Examination

Pulse : B.P. :

Pedal Oedema : Pallor :

Jaundice :

Systemic Examination

CVS

R/S

P/A : Fundal Height

Presentation

FHS

P/V : Effacement

Dilatation

Membranes

Station

Pelvis

Pre-delivery orders :

Delivery Notes :

Baby Notes : Time of Delivery :

Sex.....

Weight .....

Apgar Score.....

Post-delivery orders .....

C.R.H.S. PROJECT, BALLABGARH
NEW BORN CASE SHEET

Cr. No ..... Mother's Name .....

W/o ..... Occupation of Husband .....

DOB ..... Sex-M/F .....

MATERNAL

1. Age..... 2. Gravida ..... 3. Parity ..... 4. Living .....M.....F.....

5. Literacy ..... 6. Date of Admission ..... 7. No. of ANC Visits .....

8. TT (1) (2) 9. Wt gained during Pregnancy .....

10. Maternal History ..... 11. Clinical Gestation ..... Wks.

12. Family History .....

Abortion
Still Births
Neonatal Deaths
Premature Labour
Previous C-section
Infant with cong. Anom.

Health disease
TB
Asthma
Epilepsy
Hypertension

PRESENT PREGNANCY

LMP ...../...../.....EDD ...../..... BOOKED .....US..... X-RAY ..... NST .....
OCT..... Hyperemesis.....Oligohydramnion / polygydramnuos

LABOUR

Spontaneous/induced ..... Duration:1st Stg.....hrs. 2nd Stg. ..... Min
Drug .....IV fluids Duration of Rupture of Membranes : <12hrs/ / 12-24hrs /> 24hrs.

DELIVERY TYPE

PRESENTATION

Apgar Score	HR	Resp	Tone	Reflex	Colour	Total
1 Minute	.....	.....	.....	.....	.....	.....
5 Minutes	.....	.....	.....	.....	.....	.....
10 Minutes	.....	.....	.....	.....	.....	.....
20 Minutes	.....	.....	.....	.....	.....	.....

Resuscitation method : Drug

PHYSICAL EXAMINATION

Single/twin..... 1st /2nd twin ..... EGA :by dates .....wks. Exam .....

Length ..... cms. Birth Weight .....gm MAC ..... cm Cord .....

Weight at Discharge .....gm

General and systemic examination: HC ..... cms. AF: AP ..... cms

Tr .....Cm .....

Skin : Craniofacial :

Chest : CVS :

Genitalia : Abdomen :

Lungs : Extremities

Back : CNS :

Impression Plan:

CONGENITAL MALFORMATION: Specify

Cried immediately after birth : Yes/No. If no, cried after how long

Maturity assessment

-Hair -Ear

-Sole creases -Breast nodule

-(Genitals)

FOLLOW UP NOTES :

CRY : poor/good Activity: Limp /good Feeding:poor/good

Urine passed after .....hrs Stool passed after .....hrs

Icterus noted on day .....

-Resp rate : -Heart rate

-Temperature : -Chest

-CVS : - P/A

Name ..... Signature .....

अ0 भा0 आ0 संस्थान, नई दिल्ली-110029
All-INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

सी. आर. न. C. R. No.	कक्ष ward	एक Unit	बेड/कमरा नं० Bed/Room No.
नाम Name	उम्र/लिंग Age & Sex		वैवाहिक/अवैवाहिक Married/Unmarried

दिनांक/Date							
समय/Time							
नब्ज/PULSE	ताप/TEMP C°	F°					
180	42	107.6					
160	41	105.8					
140	40	104.0					
120	39	102.2					
100	38	100.4					
80	37	98.6					
60	36	96.8					
40	35	95.0					
श्वशन दर/Respiratory rate							
मल/Stool							
मूत्र/URINE							
भी. ग्रहण/F. INTAKE							
आउट पूट/F. OUT PUT							
र. चा./B. P.							
भार/WEIGHT							
स्नान/BATH							
विशेष औषधी/SPECIAL DRUGS							

COMPREHENSIVE RURAL HEALTH SERVICES PROJECT(AIIMS)
BALLABGARH - 121004

DISCHARGE SLIP

C.R. No. _____ PATIENT'S NAME _____

Age ____ Sex ____

S/o, D/o, W/o _____

ADDRESS _____

_____

DOA : _____ DOD : _____

Diagnosis : _____

HISTORY :-

INVESTIGATIONS :

TREATMENT :

ADVICE :-

DATE:-

Counter Signature of
Senior Resident/Faculty

Signature of Intern/
Juior Resident

COMPREHENSIVE RURAL HEALTH SERVICES PROJECT(AIIMS)
BALLABGARH - 121004

REFERRAL SLIP

Refd form : PHC Dayalpur/PHC Chhainsa/
Civil Hospital Ballabgarh

Casualty / OPD/ C.R. No. .....

Name ..... Age ..... Sex .....

W/o, D/o, S/o .....

H.O.P.I

Investigations :-

Treatment Given :-

Diagnosis .....

Referred to Senior Resident .....
Hospital

Signature .....

Name .....

Date ..... **Designation .....**

REGIONAL BLOOD TRANSFUSION CENTRE

B.K. HOSPITAL, FARIDABAD (HARYANA)

BLOOD REQUISITION FORM

DATE .....

Name of Hospital : _____

Patient's Name : _____ Age / Sex _____

Father's / Husband's Name : _____

Reg No. _____ Monthly Income _____

Clinical Diagnosis :

If Patient is Female :

H/O Pregnancy : _____

H/O HDNB, Still Birth : _____

Previous Transfusion with Date: _____

Date and time when required : _____

Signature of Doctor with Stamp

For Blood Bank Use Only

Received in Blood Bank By : Date & Time

Patient's Blood Group :	Anti - A	Anti - B	Anti - D	A Cell	B Cell	Bl. Grp.	Tested By :

ABO X MATCH / AGH X MATCH

Unit No.	Blood Group	Column Agglutination	Compatible (Y/N)

Name of X-Match Technician ..... Signature .....

(+ Agglutination o No Agglutination)

CRHS PROJECT, BALLABGARH, A.I.I.M.S.
E.H.S. DRUGS & REQUISITION FORM

Name _____ EHS No. _____

S. No.	Name of Drugs & Dose	Quantity
1.		
2.		
3.		
4.		
5.		

Signature of Senior Resident

Counter Signature

जन्म रिपोर्ट

भाग–2

विधिक सूचना

यह भाग रजिस्ट्रार द्वारा रखा जाना है।

1. जन्म तिथि
2. लिंग
3. बच्चे का नाम (यदि कोई है)
4. पिता का नाम
5. माता का नाम
6. स्थायी पता
7. जन्म का स्थान
   1. अस्पताल/संस्था नाम :
   2. घर पता :
8. जन्म का क्रम
9. सूचक का नाम

पता

दिनांकः सूचक के हस्ताक्षर

रजिस्ट्रार द्वारा भरा जाना है।

रजिस्ट्रेशन संख्या :

रजिस्ट्रेशन तिथि :

टिप्पणी रजिस्ट्रार के हस्ताक्षर तथा मोहर

प्ररूप संख्या 1

(देखिए नियम 5, 12)

जन्म रिपोर्ट

भाग–2

सांख्यकीय सूचना

इस भाग को अलग कर सांख्यकीय प्रक्रिया हेतू भेजे।

10. माता के निवास का कस्बा या गांव
    (क) कस्बा/गांव का नाम
    (ख) क्या यह एक कस्बा या गांव है?
    1. कस्बा
    2. गांव
    (ग) जिले का नाम
    (घ) राज्य का नाम
11. परिवार का धर्म
    1. हिन्दू 2. मुस्लिम 3. ईसाई 4. सिक्ख
    5. कोई अन्य
12. पिता की शिक्षा का स्तर
13. माता की शिक्षा का स्तर
14. पिता का व्यवसाय
15. माता का व्यवसाय
16. विवाह के समय माता की आयु (पूरे वर्ष में)
17. इस बच्चे के जन्म के समय माता की आयु (पूरे वर्ष में)
18. इस बच्चे सहित माता की कुल जीवित जन्में बच्चों की संख्या
19. प्रसव के समय परिचर्या विधि
    1. संस्थानिक सरकारी
    2. संस्थानिक प्राईवेट या गैर सरकारी
    3. डॉक्टर, नर्स या प्रशिक्षित दाई
    4. परम्परागत जन्म परिचारक
    5. रिश्तेदार या अन्य
20. प्रसव का ढंग
    1. सामान्य
    2. सिज़ेरियन
    3. फोरेसैप्स/वेक्यूम
21. बच्चे का वज़न (किलोग्राम में)
22. गर्भावस्था के समय अवधि (हफ्तों में)

रजिस्ट्रार द्वारा भरा जाना है।

रजिस्ट्रेशन केन्द्र का नामः

रजि. संख्या : रजि. तिथि :

जन्म तिथि :

जिला : कोड संख्या

लिंग : 1. पुलिंग 2. स्त्री लिंग

जन्म का स्थान :

1. अस्पताल/संख्या 2. घर

प्रारूप संख्या 2 मृत्यु रिपोर्ट

भाग–1

विविध सूचना

यह भाग रजिस्ट्रार द्वारा रखा जाना है।

1. मृत्यु तिथि.....

2. मृतक का नाम .....

3. मृतक का लिंग.....

4. पिता/पति का नाम .....

5. मृतक की आयु .....

6. स्थायी पता .....

7. मृत्यु स्थान

1. अस्पताल/संस्थाः नामः .....

2. घर का पता .....

3. अन्य स्थान.....

8. सूचक का नाम.....

पता : .....

दिनांक सूचक के हस्ताक्षर

रजिस्ट्रार द्वारा भरा जाना है।

रजिस्ट्रेशन संख्या :

रजिस्ट्रेशन तिथि :

टिप्पणी

रजिस्ट्रार के हस्ताक्षर तथा मोहर

(देखिए नियम 5, 1)

मृत्यु रिपोर्ट

भाग–2

सांख्यिकीय सूचना

इस भाग को अलग कर सांख्यिकीय प्रक्रिया हेतु भेजें।

9. मृतक के निवास का कस्बा या गाँव

(क) कस्बा/गाँव का नाम

(ख) क्या यह एक कस्बा या गाँव है

1. कस्बा

2. गाँव

(ग) जिले का नाम

(घ) राज्य का नाम

10. धर्म

1. हिन्दू 2. मुस्लिम 3. ईसाई 4. सिक्ख

5. कोई अन्य

11. मृतक का व्यवसाय

12. मृत्यु से पूर्व प्राप्त चिकित्सा सहायता का प्रकार

1. संस्थानिक

2. संस्थानिक से भिन्न, चिकित्सा सहायता

3. कोई चिकित्सा सहायता नहीं

13. क्या मृत्यु का कारण चिकित्सकीय दृष्टि से प्रमाणित था?

1. हाँ 2. नहीं

12. बीमारी का नाम या मृत्यु का वास्तविक कारण

15. यदि यह स्त्री की मृत्यु है तो क्या मृत्यु गर्भावस्था के दौरान, प्रसव के दौरान या गर्भावस्था समाप्ति के 6 सप्ताह के अन्दर हुई ।

1. हाँ 2. नहीं

16. यदि धूम्रपान का आदी था तो कितने वर्षो से था।

17. यदि किसी भी रूप में तम्बाकू चबाने का आदी था तो कितने वर्षो से

18. यदि किसी भी रूप में किसी भी प्रकार की सुपारी (पान मसाला सहित) चबाने का आदी था तो कितने वर्षो से

19. यदि शराब पीने का आदी था तो कितने वर्षो से

रजिस्ट्रार द्वारा भरा जाना है।

रजिस्ट्रेशन केन्द्र का नाम

जिला कोड संख्या

रजिस्ट्रेशन संख्या रजिस्ट्रेशन तिथि

मृत्यु तिथि

आयु : वर्ष / महीने /दिन / घंटे

लिंग : 1. पुलिंग 2. स्त्री लिंग

मृत्यु का स्थान

1. अस्पताल/संस्था 2. घर 3. अन्य स्थान

रजिस्ट्रार के हस्ताक्षर तथा मोहर

Form No. 4A
(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths, Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....son of/ wife/daughter of .....resident of .....was under my treatment from .....to.....and he/she died on ..... at.....A.M. /P.M.

NAME OF DECEASED					**For use of Statistical Office**
Sex	**Age of Death**				
	If 1 year or more age in years	**If less than 1 year, age in months**	**If less than one month, age in days**	**If less than one day, age in Hours**	
Male Female					

CAUSE OF DEATH		**Interval between onset & death approx.**	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) ..... due to (or as consequences of)	.....	.....
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b)..... due to (or a consequences of) (c).....	....	....
II Other signficant conditions contribution to the death but not related to the disease or conditions causing it.	....	....	....

If deceased was a female, was the death associated with pregnancy 1. Yes 2. No

If yes, was there a delivery 1. Yes 2. No

Doctor .....
Signature and address of Medical Practioner / Medical Attendant with Registration No.

Name and signature of the Medical Practitioner certifying the cause of death

Date of certification.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Km.....S/W/D of Shri..... R/O .....was under my treatment from ..... and he/she expired on .....at.....A.M./P.M.

Doctor .....
Signature and address of Medical Practioner / Medical Attendant with Registration No.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be given in full. Do not use initials. If deceased is infant, not yet named at the time of death, write. 'Son of (s/o) or 'Daughter' of (D/o) followed by names of mother and father.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Parts I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac, beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must-then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter' in Part I (a) the immediate cause of death. This does not mean the mode of dying e.g. heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in part I, line (b). Sometimes there will be three stages in the cause of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some ways to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g. "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) fracture of neck of femur; (c) fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women in child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in part II. Example: (a) Chronic bronchitis, II Old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : Anaemia-Give type of anaemia: If known. Neoplasms-indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease-Describe the condition specifically: if congestive heart failure, chronic cor pulmonale, etc. are mentioned, give the antecedent conditions. Tetanus-Describe the antecedent injury, if known. Operation-State the condition for which the operation was performed. Dysentry-Specify whether bacillary, amoebic, etc. if known, Complications of pregnancy or delivery-Describe the complication specifically Tuberculosis'---Give organs affected.

Symptomatic Statement : Convulsions, diarrhoea, fever, ascites, jaundice, debility etc., are symptoms which may be due to anyone of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

KINDLY PAY
Rs. 10/- TO CASHIER
CENTRAL ADMISSION
OFFICE

DEPARTMENT OF PATHOLOGY, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110029
EXFOLIATIVE CYTOPATHOLOGY FORM - -TEACHING BLOCK, FIRST FLOOR, PH.NO. 4393, ROOM NO. 1069

PATIENT'S NAME:
(Print clearly) .....

AGE:..... SEX:..... MARRIED/SINGLE

Father's/Husband's Name: .....

Hospital Registration Number:.....

CATEGORY: Routine ☐ Rush ☐ Phone: .....

Ward/OPD/Clinic.....Bed No .....

Chief of Clinical Unit: .....

Signature of Resident.....

(Sign after verifying accurate and complete information)

Name of Resident.....

(Capital letters)

SPECIMEN COLLECTED ON (DATE) .....AT ..... AM/PM

HEPARIN.....YES NO

TYPE OF SPECIMEN

GYNAECOLOGIC - OBSTETRIC	URINARY	ALIMENTARY TRACT	FLUIDS
☐ Combined vaginal-endocervical	☐ Bladder ☐ Voided ☐ Catheterised	☐ Oral ☐ Nasal	☐ Ascitic
☐ Vaginal ☐ Wall ☐ Pool	☐ Ureter ☐ Rt. ☐ Lt.	☐ Pharyngeal	☐ Peritoneal washing
☐ Exocervical ☐ Scrape ☐ Brush	☐ Pelvis ☐ Rt. ☐ Lt.	☐ Esophageal	☐ Pleural ☐ Rt. ☐ Lt.
☐ Endocervical ☐ Brush ☐ Aspirate	PULMONARY Series-5 sputa	☐ Gastric	☐ Pericardial
☐ Endometrial ☐ Brush ☐ Aspirate	☐ Sputum ☐ early a.m ☐ Other	☐ Duodenal	☐ Cerebrospinal
☐ Vulva	☐ Bronchoscopy ☐ Aspirate ☐ BAL	☐ Intestine	☐ Nipple ☐ Rt. ☐ Lt.
			☐ Others

HISTORY

Last Menstrual period : .....
Pregnancy ☐YES ☐NO
Hormonal Therapy ☐YES ☐NO Nature
Previous Biopsy Date:.....
Surg. Path No.....
Diagnosis.....
Previous Cytology Date:.....
Cyto. Path No. .....
Diagnosis.....
Investigations :

CLINICAL DIAGNOSIS

DURATION OF STAY IN DELHI — LESS THAN 1 YR / MORE THAN 1 YR

CYTOPATHOLOGY REPORT

Cytopath Number.....
Specimen Received .....

CANCER CATEGORY	UNS	Specimen inadequate for opinion
	NEG	There is no evidence of cancer in this specimen
	INC	Further evidence as indicated is needed to rule cancer in or out
	POS	Diagnostic for cancer - further identification / localisation needed

Reported on .....

.....MD

PLEASE DO NOT FOLD

DEPARTMENT OF PATHOLOGY, ALL INDIA INSTITUTE OF MEDICAL SCIENCE, NEW DELHI - 110029
CYTOPATHOLOGY LABORATORY, ROOM 1069, FIRST FLOOR, TEACHING BLOCK, PH. : 4393

EXFOLIATIVE CYTOLOGY AND FLUIDS :
ROOM 1069 (Receiving 9 AM to 12 PM & 2 PM to 4 PM)

PAYMENT STAMP :

☐ Urine voided specimen
☐ Urine catheterized specimen
☐ Bladder washing
☐ Ureteric barbottage ☐ Rt ☐ Lt

☐ Gastric washing
☐ Bile ☐ Bile duct wash / brush

☐ Ascitic Fluid
☐ Peritoneal washing
☐ Pleural fluid ☐ R ☐ L
☐ Pericardial fluid
☐ CSF
☐ Cervical smear
☐ Others.....

☐ Sputum (Received from 9AM to 10 AM only)
☐ Bronchoscopic wash / brush ☐ Rt ☐ Lt ☐ BAL

Patient's Name (Block)

Father/Husband Name

Age..... Sex.....
CR Number.....
Ward / OPD ..... Bed Number.....
Unit ..... Chief of clinical unit .....
Name of Resident ..... Sign.....
Phone Number of Patient.....

Specimen collection Date.....Time.....
Pap.....MGG.....AFB.....Other.....
NATURE OF FLUID :

HISTORY AND INVESTIGATIONS

Previous biopsy numbers and report

Previous cytology numbers and report

RADIOLOGICAL FINDINGS

Cytopath Number.....

CLINICAL DIAGNOSIS.....

Specimen Received.....

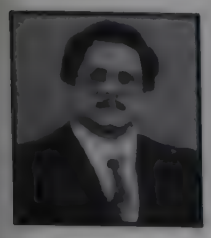
DO NOT WRITE BELOW THIS LINE

CYTOPATHOLOGY REPORT :

CANCER CATEGORY	
UNS	Specimen inadequate for opinion
NEG	No evidence of cancer in this specimen
INC	Further evidence as indicated is needed to rule cancer in or out
POS	Diagnostic for cancer Correlation with clinical, radiological and other investigations is mandatory

19. Faculty

Centre for Community Medicine



Dr. Chandrakant S. Pandav, Professor and Head

M.B.B.S., M.D., M.Sc., FNAMS, FIAPSM, FIPHA

cpandav@iqplusin.org

Specialization: Physician, Public Health Specialist, Clinical Epidemiology & Biostatistics, Health Economics & Health Policy

Dr. Chandrakant S. Pandav is Professor and Head of Centre for Community Medicine, the All India Institute of Medical Sciences (AIIMS), New Delhi, India.

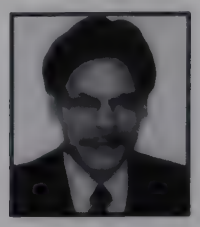
He is a Physician, Medical Scientist, Public Health Specialists, Epidemiologist and Health Economist. Dr. Pandav completed both his graduation (MBBS) and postgraduate (MD; Community Medicine) from the All India Institute of Medical Sciences, New Delhi. He has also done M.Sc. (Health Economics, Clinical Epidemiology and Biostatistics) from the McMaster University, Hamilton, Canada. He is an alumnus of the Department of Human Nutrition at the London School of Hygiene & Tropical Medicine.

Dr. Pandav has to his credit over 260 publications and presentations in reputed national and international journals, and in various conferences. He has also co-edited 13 books on health sciences and health economics, published by the Oxford University Press, India. He has also been conferred many national and international orations.

Dr. Pandav has worked as a consultant for the WHO, UNICEF, ICCIDD, PAMM and MI at the global, regional (including China, Africa) levels for over 50 countries, and also at the national level in India for the last 25 years.

Though Dr Pandav has been working in the areas of Iodine Deficiency Disorders (IDD) and micronutrients, his other interests include health economics, health policy, health systems research, public-private partnership and rights issues.

In recognition of his contribution in the field of Iodine Deficiency Disorders (IDD) and mother and child nutrition, Dr. Pandav has been elected as a Fellow of many national and international organizations, the most notable being as a Fellow of National Academy of Medical Sciences, Fellow of Indian Public Health Association, and Fellow of Indian Association of Preventive and Social Medicine. He has also received many national and international awards, the most significant being **Dr. M. K. Seshadri Prize and Gold Medal** for the year 2000 by the Indian Council of Medical Research (ICMR). This award is given to eminent scientists or institutions for outstanding research contributions in the field of Community Medicine. Dr. Pandav is currently the Vice President of Indian Public Health Association and Past President of Indian Association of Preventive & Social Medicine.



Dr. Bir Singh, Professor

M.B.B.S., M.D., FNAMS, FIAPSM

birsingh43@gmail.com

Dr. Bir Singh, was born on 05 January 1956. He completed his MBBS (1978) and M.D. (Community Medicine, 1984) – both from the All India Institute of Medical Sciences, New Delhi. He currently is a Faculty Member at AIIMS as Professor in Community Medicine. He also heads the AIDS Education & Training Cell of AIIMS as its Coordinator; is the Programme Coordinator of National Service Scheme Unit and is also the Faculty Incharge of Sex and Marriage counseling at the AIIMS Hospital.

Besides being a Community Health (Public Health) expert, his areas of interest are HIV/ AIDS Prevention; Disease Prevention; Health of Mothers and Children (Reproductive & Child Health); Counselling (Family Welfare; HIV/ AIDS; Sex & Marriage) and Health Communication. He has provided consultancies to many national & international organizations such as WHO, UNICEF, World Bank etc.

A prolific writer in English and Hindi, Dr. Bir Singh – apart from having >45 scientific articles & research papers in national and international medical journals – has also authored 23 books & booklets on health topics; more than 250 columns and articles on health in leading magazines and newspapers. He also has been a regular presenter of health programmes on Radio and T.V. with close to 300 programmes to his credit. Through the AIDS Education & Training Cell, Dr. Bir Singh operates a popular telephonic aids Helpline **"Shubhchintak"** (Phone No.011-265 88 333) as well as its internet based AIDS Helpline **"e-Shubhchintak"** (at www.aiims.edu).

His active contribution to his areas of interest has resulted in conferring of 3 National level Awards for him in last 10 years apart from the prestigious Fellowship of Indian Association of Preventive & Social Medicine and Fellowship of National Academy of Medical Sciences. He is also a member of or on the executive councils of many professional bodies as well as on editorial boards of some reputed journals.

Currently, he is the Secretary General of Indian Association of Preventive & Social Medicine.

Dr. Shashi Kant, Professor
M.B.B.S., M.D., MNAMS, MBA,
Masters (Applied epidemiology)
skant76@hotmail.com

Dr. Shashi Kant is Professor at Centre for community medicine, All India Institute of Medical Sciences, New Delhi. He joined AIIMS as a graduate student in 1976 and also completed Post – graduate (Community Medicine) education from AIIMS. He obtained MBA (Health Care Adminstration) from Delhi University. Dr. Shashi Kant holds Master of Applied Epidemiology degree from National Centre for Epidemiology and Public Health, Australian National University, Canberra, Australia.

Dr. Shashi Kant has worked in the field of HIV/AIDS for more than a decade. He provided technical assistance to National AIDS Control Organization. He has worked as National Consultant at World Health Organization. He has worked as consultant for HIV/AIDS to World Bank, and many national institutions like National Institute for Communicable Diseases.

Currently he is the focal Point at Regional Institute for Central Zone that provides technical support for HIV Sentinel Surveillance in Bihar, Uttar Pradesh, Uttaranchal, Jharkhand, and Delhi. He is member of Technical Resource Group at National AIDS Control Organization.

Apart from HIV/AIDS, Dr. Shashi Kant has interest in Epidemiology. He is member of Ethics Committee of IndiaCLEN, and of National Institute of Medical Statistics. He reviews the scientific articles for many peer-reviewed journals. He has more than 40 articles/monographs/books to his credit.

Dr. Sanjeev Kumar Gupta, Professor

M.B.B.S., M.D., FIAPSM, FIPHA

sgupta_91@yahoo.co.in

Dr. Sanjeev Kumar Gupta is Professor of Community Medicine at the All India Institute of Medical Sciences, New Delhi. He completed his MBBS and MD (Community Medicine) from the AIIMS.

He has more than eighty publications and texts to his credit.

Dr. Kiran Goswami, Additional Professor

M.B.B.S., M.D.

kiranccm@hotmail.com

Dr. Kiran Goswami did her MBBS from LHMC, Delhi (Delhi University) in 1984 with house jobs in Medicine (Sucheta Kriplani Hospital) and Paediatrics (Kalawati Saran Children Hospital, Delhi).She Completed MD (Preventive and Social Medicine) from Delhi University in 1988. During her Senior Residency at Lady Hardinge Medical College and associated Hospitals, she worked as In-charge of Rural Posting of Interns at PHC, Palam and Rural Health Training Centre, Najafgarh.

She participated in the First National Review of Immunisation Coverage conducted by National Institute of Health and Family Welfare in May 1989 as a District Team Member and immunization surveys in Delhi 1987-90.

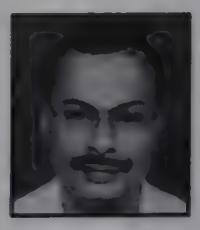
She joined as Lecturer at Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, was Faculty Incharge for orientation camp at Ashti, In charge of Rural Health Training Centre, Anji in 1991 and then Reader in Department and In charge of Paunar Mobile Clinic.

She worked as Assistant Professor at JIPMER, Pondicherry, in 1993 and was Incharge of Rural Health Centre, Ramnathapuram and Faculty Incharge of Undergraduate posting in Department till Oct. 93.

She joined Centre for Community Medicine as Faculty, AIIMS and was posted at Comprehensive Rural Health Services Project at Ballabgarh from 24/10/93. She has been working as Faculty in Centre for Community Medicine,AIIMS since Jan.1997.

She has been the Chief guide of a number of postgraduate students and has been associated with a number of Research projects in AIIMS. She has been the Resource person for Model Injection Centre Program and India Population Stabilisation Fund. She is an active member of AIIMS Indiaclen Evaluation Team as central Coordinating Team Member involved in planning, implementation, supervision, conduction of FGDs, analysis and report writing for a number of projects including Family Health Awareness Week Programme Evaluation, Intensive Pulse Polio Immunization Programme Evaluation (1999 – 2000), Socio cultural and communication barriers in Polio Eradication Nov. – Dec. 2000, Evaluation of Vitamin A and Iron folate supplementation programme and Injection safety practices to name a few.

Currently she is CCT member for IMNCI Evaluation, IPEN and Regional Institute Member for Central Zone, HIV Sentinel Surveillance (looking after Delhi and Uttarakhand).



Dr. K.Anand, Associate Professor

M.B.B.S., M.D, FIAPSM, FIPHA

kanandiyer@yahoo.com

Fields of interest:

Primary health care, Epidemiology and Health economics, Surveillance, Non Communicable Diseases prevention and control, Role of IT in public Health

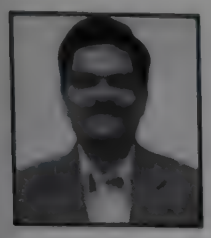
He was awarded BC Srivastava Award for Best Young Scientist in Community Medicine in India for the year 2000 by Indian Council of Medical Research.

Work Profile

Faculty in Centre for Community Medicine at All India Institute of Medical Sciences, New Delhi since September 1994.

Currently working as Associate Professor and looking after the Comprehensive Rural Health Services Project, at Ballabgarh.

- Worked with WHO- SEARO as a Short Term Professional (STP) on NCD Surveillance for over 15 months. During this period, assisted Member Countries in planning and implementing standardized NCD Risk Factor Surveys using STEPS methodology and assisted in development of Global and Regional NCD Infobase.
- Have served as Temporary Adviser to different WHO Meetings in the area of NCDs.
- Member of the National Technical Advisory Group for NCD Surveillance for GOI
- Has been a member of many national and international evaluation teams on diverse areas of work.
- Is a Regular reviewer for Journals like Indian Pediatrics, Indian J of Pediatrics, National Medical Journal of India, Journal of Epidemiology of Community Health, Health Policy, Indian J of Community Medicine.
- Has over seventy publications to his credit including twenty in International Journals.
- Has undertaken about 15 research projects funded by ICMR/WHO/INCLEN etc. in the last 10 years.



Dr. Puneet Misra, Associate Professor

M.B.B.S., M.D., M.P.H. (USA), P.G.D.H.H.M.

doctormisra@gmail.com

Dr. Puneet Misra is a member of the Medical faculty at the All India Institute of Medical Sciences. He has done his residency in Preventive Medicine and in Pediatrics. He has over ten years of experience as Physician, Researcher, & Teacher of Community Medicine, Epidemiology and Public Health. He has worked at various institutions including Medical colleges at Meerut and Gorakhpur, DDU Hospital, New Delhi, PGIMER, Chandigarh, University of South Carolina, USA, and South Carolina Cancer Prevention Center, USA. He is an active member of various scientific associations. He has also served as a member of the Executive Committee of Indian Association of Preventive and Social Medicine for many years.

Interest areas:

- Diet and nutrition related research and measures of Physical Activity.
- Developing methods for intervention on diet, physical activity, and related factors to prevent Non communicable diseases.
- Reproductive Health
- Health and Hospital administration, Health Insurance
- Clinical Practice - Family Medicine

Ongoing Research

- Development of Appropriate Prevention and Intervention Strategies for Non-Communicable Nutrition-Related Disorders among Women in Post-Reproductive Period: A Multi-Site Study.
- Strengthening Rural Health Services using IT
- Development of a model for integrated management of Non-Communicable diseases through existing health system in India
- School-Based Healthy Lifestyle Program in Ballabgarh

Completed Research

- Reliability and Validity of GPAQ and IPAQ
- Effect of consumption of micronutrient-fortified candies on iron and vitamin A status of children aged 3-6 years in Rural Haryana
- A study of knowledge, beliefs, and attitudes about AIDS & Human sexuality among

Dr Sanjay K. Rai, Associate Professor

M.B.B.S, M.D., FIPHA

drraisanjay@rediffmail.com

Dr. Sanjay K. Rai is a member of the Medical faculty at the All India Institute of Medical Sciences. He has done his residency in Preventive Medicine from Department of Preventive & Social Medicine (PSM), Institute of Medical Sciences, BHU, Varanasi. Before joining as faculty at AIIMS he has worked in the department of Preventive and Social Medicine at various institutions including Maulana Azad Medical College, New Delhi, Banaras Hindu University at Varanasi and Government Medical College at Chandigarh.

Research Activities:

- Senior Investigator: "Model Injection Center – A programme to Improve injection practices in the country" (IPEN, GOI and states governments.)
- Co-Investigator: "Prevalence of Rheumatic Disorder in Ballabgarh tehsil, Faridabad" funded by Bone & Joint Decade India (Department of Medicine & CCM, AIIMS).
- Co-investigator "Congenital CMV infection in offspring of immune mothers" (ICMR)
- Team Member "Integrated management of Neonatal & Childhood Illnesses: Baseline assessment of childhood morbidity & mortality in selected districts" (India CLEN)
- Co investigator "Social Determinants for effective Implementation of UIP & Polio Eradication Programmes in Moradabad & JP Nagar Districts, UP-an IPEN study" (WHO)
- Participated as government nominee and expert in "UIP assessment review in six states (Bihar, UP, MP, Jharkhand, Orissa & Rajasthan) of India". GOI WHO, UNICEF,
- Senior Investigator of "Evaluation of Universal Immunization Program in India 2004 – 2005" undertaken by the India CLEN Program Evaluation Network,
- Co-investigator of "STD facility survey of Varanasi, Jaunpur, Mirzapur, Ghazipur, Azamgarh and Ballia districts of Uttar Pradesh", State AIDS Control Society, U.P.
- Co – investigator of DST sponsored "An Intervention Study of nutritional and eating practices among Adolescents in Chandigarh
- Co-investigator of "STD facility survey of Varanasi, Jaunpur, Mirzapur, Ghazipur, Azamgarh and Ballia districts of Uttar Pradesh", State AIDS Control Society, U.P.

- Co-investigator "Drug Indicator Survey of U.P."(World Bank)
- Participated in the "Coverage Evaluation of National Pulse Polio Programme" in slum areas, Varanasi
- Reviewer of various public health journals e.g. Indian Journal of Community Medicine, Indian Journal of Public Health, Health and Population perspective and issues etc.

Recent Significant events

- Elected "*Central Council Member*" (north zone) of IPHA for the year 2007 – 2009
- Nominated by INDEPTH secretariat as "Member Technical Advisory Group for Reproductive Health" during 6th AGM at Ouagadougou, Burkina Faso.
- Member "Multidisciplinary Core committee for DOTS therapy in Tuberculosis" All India Institute of Medical Sciences, New Delhi.
- Member Central Zone for HIV /AIDs sentinel surveillance in India,
- Drafted a module on "Camp services including food, water and sanitation - a module used by district and sub-district level health management teams" in 2006 for WHO Collaborating Centre for disease preparedness, All India Institute of Hygiene and Public health, Kolkata
- Member expert group under National Rural Health Mission for Ministry of Health and Family welfare, Government of India on "Indian Public Health Standards" for District and Sub-divisional Hospital in India.

Dr. Baridalyne Nongkynrih, Associate Professor

M.B.B.S., M.D.

bari_111@yahoo.com

Experience :

1. Currently working as Associate Professor, Community Medicine, AIIMS, New Delhi

2. Worked as Senior Resident and Assistant Professor of Community Medicine in the Centre for Community Medicine, AIIMS

Area of interest: Non-communicable diseases, Primary Health Care, Cancer-Control, Medical Education.

Dr. Yadlapalli S. Kusuma, Assistant Professor

MSc., PhD, Dip (Applied Statistics)

kusumays@gmail.com,

Dr. Y.S. Kusuma is a faculty member at the Centre for Community Medicine of AIIMS since 2005. Previously she was in Andhra University and Utkal University as doctoral and post-doctoral fellows, respectively. Her research interests are cultural epidemiology of hypertension, qualitative research, in addition to social and behavioural health research.

Specialization: Medical Anthropology, Qualitative Research, Social and behavioural aspects of health and healthcare.

Research projects undertaken:

1. Epidemiology of blood pressure across a few cross-cultural populations of Visakhapatnam district, Andhra Pradesh (funded by Council of Scientific and Industrial Research (CSIR), New Delhi).
2. Blood pressure and its correlates among urban communities of Bhubaneswar city (funded by CSIR, New Delhi).
3. Blood Pressure epidemiology in tribal, rural and urban slum and urban rich communities of Orissa with special reference to physical and social parameters (funded by CSIR, New Delhi).
4. Social and cultural dimensions of hypertension among neo- and settled-migrants in Delhi: a preliminary study (funded by All India Institute of Medial Sciences, New Delhi).

Memberships in Professional bodies:

1. Life Member, Indian Society for Human Genetics
2. Life Member, International Association for Human Biologists
3. Life Member, S.C. Roy Institute of Anthropological Studies
4. Life Member, All India Association for Applied Research on Obesity
5. Life Member, Indian Association for Preventive and Social Medicine
6. Member, American Anthropological Association
7. Member, Indian Society for Medical Statistics
8. Member, Nutritional Society of India
9. Member, Anthropological Association of Orissa

Lay out of CRHSP Campus